



Pika Wiya Health Service Inc



ANNUAL REPORT FOR YEAR 2004 – 2005



AGENCY IDENTIFICATION

Web Address: www.pikawiya.com.au

Pika Wiya Health Service Inc.,

PO Box 2021

Port Augusta SA 5700

Location: 40 - 46 Dartmouth Street, Port Augusta SA 5700

CLINICS

Community Health Centre

40 - 46 Dartmouth Street, Port Augusta.

Telephone 86 42 9999 Facsimile 86 42 4456

Davenport Clinic

Davenport Community, Simmons Street, Port Augusta.

Telephone 86 42 2556 Facsimile 86 41 0258

Copley Clinic

Copley Community, Copley SA 5732.

Telephone 86 75 2866 Facsimile 86 75 2308

Nepabunna Clinic

Nepabunna Community, Nepabunna via Copley

Telephone 86 48 3726 Facsimile 86 48 3727

LETTER OF COMMITTAL

Minister of Health
Honourable Lea Stevens
45 Pirie Street
ADELADIE SA 5000

Dear Minister Stevens,

In accordance with the reporting requirements laid down by the Department of Premier and Cabinet's Circular 13 – Annual Reporting Requirements I am pleased to present the Annual Report of Pika Wiya Health Services Inc to you.

The report covers the period 1st July 2004 to 30th June 2005.

Yours sincerely

Cephas Stanley
Chief Executive Officer
Pika Wiya Health Service Inc.,

21st September 2005

VISION, MISSION, PURPOSE AND PHILOSOPHY.

Vision. Striving to improve social, emotional, spiritual and physical well being of all Aboriginal people.

Mission. Pika Wiya Health Service Inc., will provide a culturally appropriate service to Aboriginal and Torres Strait Islander people, addressing preventative, promotive and curative aspects of health, which encourages our community to achieve greater dignity and quality of life equal with all Australians.

Purpose. To comprehensively service our region and to be a voice that supports all Aboriginal Health Services, advocates and fosters improvements in the health sector for all Aboriginal and Torres Strait Islander people in the country and surrounding regions of South Australia. We aim to advance their social, spiritual, cultural and economic status and pursue better outcomes for our community, encompassing all aspects of primary health care.

Philosophy.	Go to the People;	Live among them;
	Learn from them;	Love them;
	Start with what they know;	Build on what they have;
	To be the best Leaders;	When their task is accomplished;
	The people all remark:	We have done it ourselves.

Goals. Identified in the three year Strategic Plan of July 2005 to June 2008:

- Improve the health & wellbeing of Aboriginal people within the PWHS service area.
- Ensure appropriate Aboriginal Community involvement in health service planning and delivery.
- Ensure that the organisation is managed effectively and efficiently.
- Develop effective relationships with other agencies.

Each goal cannot be defined in isolation as the plan is a consolidation approach to all of them.

Critical factors. Critical factors that underpin this plan are:

- Never loose sight of our purpose
- Fostering a team based environment that promotes a *can do* culture and of shared responsibilities
- Shared behaviours that include listening to our individuals and the community
- Solving problems and developing opportunities
- Exploring and putting in place innovative, effective, cost effective ways to achieve the best result
- PWHS performance culture that is committed to achieving best practice in service delivery
- Always behaving with integrity and in an ethical manner.

Key objectives. The key objective of Pika Wiya Health Service Inc are:

- Provision of health services that reflect the priority health needs of the Community
- Advocating primary health care as our health care focus
- Reducing fragmentation of service provision
- Applying an integrated coordinated model of health care.

TABLE OF CONTENTS

LETTER OF COMMITTAL	III
VISION, MISSION, PURPOSE AND PHILOSOPHY.	IV
LIST OF TABLES AND FIGURES	VIII
<i>section 1</i>	
<hr/>	
ADMINISTRATION & MANAGEMENT	1
CHAIRPERSON'S REPORT 2004-2005	2
CHIEF EXECUTIVE OFFICER'S REPORT	3
PIKA WIYA LEARNING CENTRE	4
ABORIGINAL HEALTH ADVISORY COMMITTEE	4
Drug and alcohol	
Partnerships	
CROC FESTIVAL	5
DENTAL HEALTH	5
Outreach services	
BUSINESS MANAGER'S REPORT	6
OPERATIONAL	8
Statistical data	
Time frames	
Outcomes	
Priorities	
Achievement and outcomes	
Innovative approaches and recent initiatives	
Challenges, problems and/or barriers	
Gaps and unmet needs	
Summary	
INFORMATION MANAGER'S REPORT 2004 TO 2005	12
HUMAN RESOURCES	13
PWHs staffing data	
LEARNING CENTRE REPORT	19
Goals	
Achievements and outcomes	
Priorities	
Gap and unmet needs	
Innovative and recent initiatives	
Summary	
STUDENT SUPPORT AND SPECIAL PROJECTS	22
PLANS	25
STRATEGIC PLAN 2005 - 2008	26
ACTION PLAN 2006	27

section 2

SECTION 2, REPORTS FROM THE CLINICS	31 31
MEDICAL DIRECTOR'S REPORT	32
PRACTICE MANAGER'S ANNUAL REPORT	33
COMMUNITY HEALTH CENTRE	35
DAVENPORT CLINIC	36
NUNYARA WELLBEING CENTRE	37
Programs and projects	
Promotion and events	
Statistics	
Goals 2005-2006	

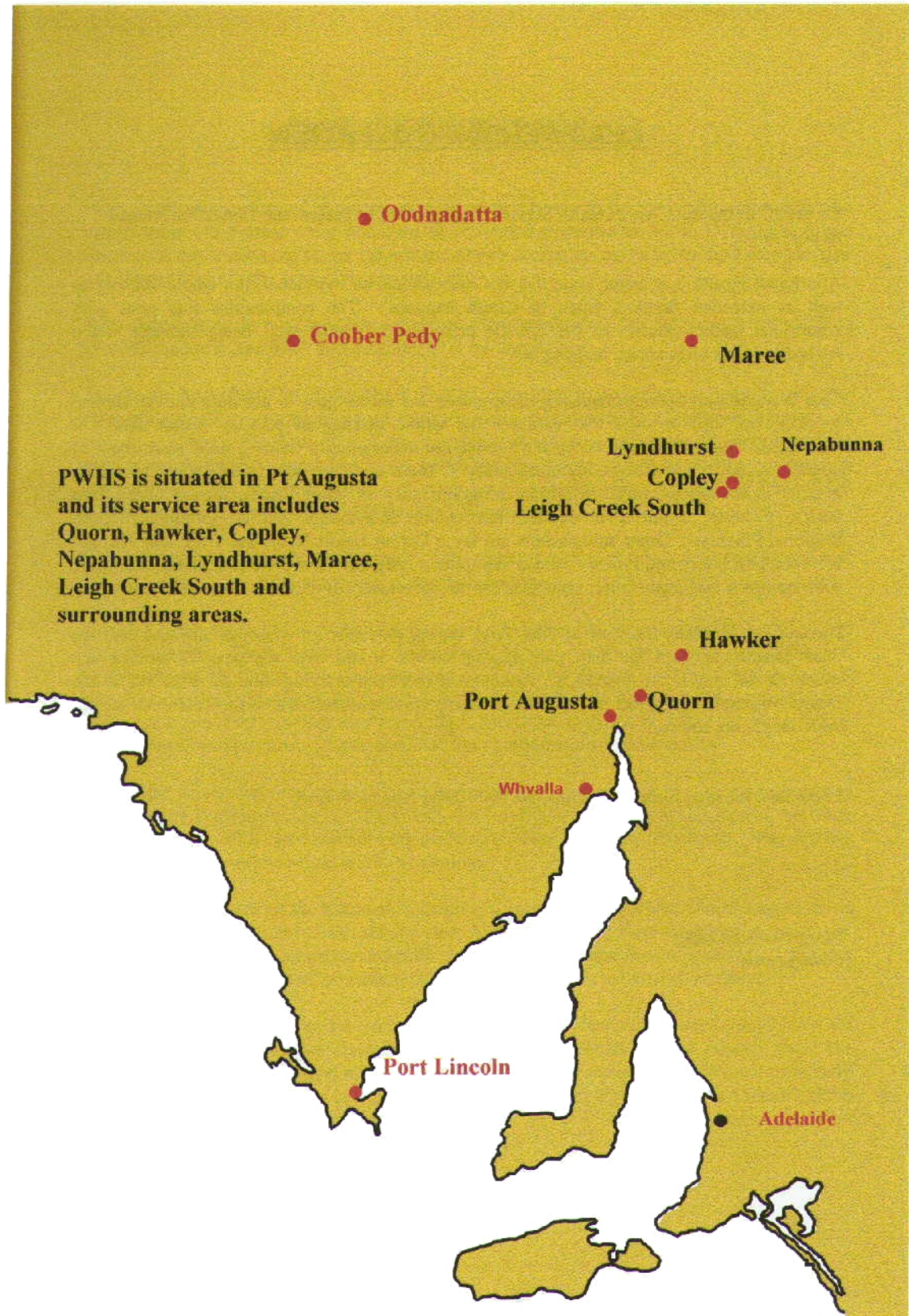
section 3

PROGRAMS	41
APHCAP PROGRAM REPORT	42
WELL CHILD PROGRAM REPORT	44
School screening	
Child Health Clinics	
Issues	
Gaps identified	
Positive outcomes	
ANTENATAL AND POSTNATAL PROGRAM	46
Antenatal	
Postnatal	
Achievements/Outcomes	
Innovative approaches and recent initiatives	
Gaps and unmet needs	
Yearly figures	
Conclusion	
INDIGENOUS HEARING HEALTH PROGRAM	48
Services provided by the Hearing Health Program	
Goals	
Priorities	
Outcomes and achievements	
Conclusion	
PIKA WIYA HEALTH SERVICE SPECIAL NEEDS/AT RISK PROGRAM	50
Goals	
Achievements and outcomes	
Activities	
Staff development and training	
Challenges and barriers	
Conclusion	
RESOURCEFUL PARENT PROGRAM	53
True Colours	
Playgroup	
Parent information sessions	
Indigenous parent manual	

DIABETES PROGRAM ANNUAL REPORT 2004-2005	54
Achievements and outcomes	
Meetings & Conferences	
Gaps and unmet needs	
Conclusion	
ENHANCED PRIMARY CARE COORDINATOR	58
Facing barriers	
Training undertaken	
Advantages	
Baseline data	
HACC REPORT	61
How to get services from the HACC Program	
Domiciliary care	
Funding	
Elders' Month	
HEALTHY LIFESTYLE & SEXUAL HEALTH PROGRAM	64
IMMUNISATION REPORT	65
Introduction	
Goals	
Priorities	
Achievements and outcomes	
Innovative approaches and recent initiatives	
Future changes	
Conclusion	
PIKA WIYA HEALTH SERVICE VACCINE STATISTICS BY GENDER	67
PIKA WIYA HEALTH SERVICE VACCINE STATISTICS	68
PIKA WIYA HEALTH SERVICE VACCINE STATISTICS	70
COMPARISON FROM 01 JULY, 2003 TO 30 JUNE, 2005	70
ORAL HEALTH PROGRAM	72
PIKA WIYA HEALTH SERVICE INC. DENTAL SERVICE STATISTICS 2004/05	73
PHARMACY REPORT	74
Imprest service	
Pharmacist activity	
PAH Pharmacy Department Information Service	
SHARING HEALTH CARE PROGRAM ANNUAL REPORT	76
WOMEN'S HEALTH PROGRAM	78
<i>section 4</i>	
<hr/>	
FINANCE	81
FRAUD	82
STATEMENT OF FINANCIAL PERFORMANCE	83
STATEMENT OF FINANCIAL POSITION	84
STATEMENT OF CASH FLOWS	85
NOTES	86
INDEPENDENT AUDIT REPORTS	102

LIST OF TABLES AND FIGURES

Table 1.1 Agency	14
Table 1.2 Number of employees by salary bracket	14
Table 1.3 Status of employees in current position	14
Table 1.4 Total days leave taken	14
Table 1.5 Number of employees by age bracket by gender	15
Table 1.6 Number of aboriginal and/or torres strait islander employees	15
Table 1.7 Cultural and linguistic diversity	15
Table 1.8 Number of employees with ongoing disabilities requiring workplace adaptation	15
Table 1.9 Number of employees using voluntary flexible working arrangements by gender	15
Table 1.10 Documented individual performance development plan	16
Table 1.11 Total training expenditure by salary bands	16
Table 1.12 Number of executives by status in current position, gender and classification	16
Table 1.13 Occupational health, safety and injury management	18
Table 1.14 Pika Wiya Learning Centre Statistical Report: Current 2005	21
Table 3.1 Services provided 2004-2005, Diabetes Program	56
Table 3.2 Clients attending, by gender	67
Table 3.3 Vaccinations provided 1999-2005	68
Table 3.4 Vaccinations 2003-2005	70
Table 3.5 Services provided to adult clients by dentist	73
Table 3.6 Services provided by dental therapist for children only	73
Table 3.7 Summary of services delivered 2004-2005, Pika Wiya Health Service Inc.	79
Figure 3.1 Graphic representation of vaccinations provided 1999-2005	69
Figure 3.2 Graphic representation of vaccinations given 2003-2005	71





Pika Wiya Health Service Inc.

section 1, reports from
Administration & Management

CHAIRPERSON'S REPORT 2004-2005

from Margaret McKenzie, Deputy Chairperson

I am proud and honoured to present the Pika Wiya Health Service Annual Report for 2004 until 2005.

I am particularly proud of my association over many, many years with this service that boasts 20 years of operations. This milestone was celebrated with the past and present staff, the Community and other dignitaries in December 2004.



This year we have continued to refine our business and operations through a variety of mechanisms that include fully meeting our reporting requirements whilst integrating our service delivery to better meet the requirements of our people and communities. The Board of Management has established and maintains a model that includes reporting protocols for staff in order to pro actively manage our organisation.

This year we have developed and endorsed a new three year strategic plan that identifies four key goals we want to achieve between 2005 and 2008. In addition, we have endorsed an action plan that will be our road map for the next 12 months and will contribute to the achievement of four organisational goals that are part of our strategic direction.

We continue to develop and maintain our Enhanced Primary Health Care model that promotes early detection, intervention and care planning for people with chronic illness and disease. We have expanded our health professional capacity through collaborative relationships with the Northern and Far Western Regional Health Service and the Flinders and Far Northern Division of General Practitioners. This allows for the provision of a visiting diabetes educator, a podiatrist and an ophthalmologist within our clinics.

As always, the organisation has intensified its commitment for capacity building, development and training of all staff and has continued to provide an appropriate haven for learning within the Pika Wiya Learning Centre. The centre has successfully conducted aged care certificate courses with 95% of participants meeting the course requirements as well as eight students successfully graduating the enrolled nursing certificate course. Of the eight graduating enrolled nurses, five have secured employment at the Port Augusta Hospital and two have been employed by aged care facilities. There is, of course, more demand than capacity to deliver in terms of accredited training resources, so we look forward to the stage three development of the learning centre in the not too distant future.

We look forward over the coming year to a collaborative partnership with our state and federal funding bodies that keep pace with escalating costs associated with providing appropriate service delivery to Aboriginal people in a primary health care setting.

I would especially like to thank those associated with and within our organisation who have shared the organisation's vision that improves the social, emotional, spiritual and physical wellbeing of all Aboriginal people.

The journey for all of us over the next 12 months is full of opportunities so long as everyone is prepared to commit and share in the work that must be done to keep us safe, secure and strong into the future.

CHIEF EXECUTIVE OFFICER'S REPORT

from Cephas Stanley, Chief Executive Officer

It has been another busy year for the Pika Wiya Health Service in terms of service delivery and primary health care approaches. Contributing significantly to the improvement of the health status of Aboriginal people, but also to an increase in workload at the Service, has been the introduction of the Commonwealth government's Medicare rebate item numbers for adult health checks, age care health assessments and chronic disease care plans.



Following the announcement of these measures, we adopted the Enhanced Primary Health Care model and chronic disease screening as our core initiatives in this and subsequent business plans for the next three years. While momentum has been slow to gather as the organization adapts to the changes that are required for the implementation of a new direction and service delivery model, available statistics indicate that we are making progress.

One of the difficulties for Aboriginal people using mainstream general practitioners, however, is that although they may be eligible for an Enhanced Primary Health Care item, numbers are not necessarily being applied because of time constraints and existing private practice booking systems. Dr Julia Venuk, through the Flinders and Far North Division of General Practice, has proposed that an Aboriginal Health Worker be employed across a number of practices to help fill this gap in service delivery for Aboriginal people.

As was reported at our last annual general meeting, the organization has been suffering a significant financial shortfall because many of the current services deemed by the Community to be essential remain unfunded. Unfunded programs, an increased demand for services locally and an annual influx of clients moving in from the north and west of the state, impact upon both financial and physical resources. Another significant factor contributing to the deficit has been the lack of increased funding in our recurrent annual budget for the past ten years.

Other cost pressures have come from Community demands to fund the PBS gap on medications, which is again unfunded. As an organization we have reviewed the benefits and risks associated with funding PBS gaps and realize that a failure to fund this gap would have dire consequences on the health status of our people. If the medication cost is not picked up by our service very often the client goes without because they cannot afford prescription costs and the cycle of sickness continues. A potential solution could be granting approval of *section 100 Medicare item for Port Augusta* that currently exists for the remote communities.

PIKA WIYA LEARNING CENTRE

The success of the Centre continues with eight of the students in the enrolled nursing course completing all of their subjects and graduating on June 23rd. The Minister for Education The Hon. Stephanie Key, accompanied by a host of other dignitaries, including Her Worship Joy Baluch, the Mayor of Port Augusta, presented the recipients with their graduation certificates.

Events at the Learning Centre were tinged with an element of sadness this year due to the resignation of the inaugural coordinator, Charmaine Hull, who has taken up a health position in Western Australia. We wish her and her family all the best and are confident that Charmaine will excel at whatever she attempts.

ABORIGINAL HEALTH ADVISORY COMMITTEE

The Aboriginal Health Advisory committee met on a regular basis throughout the year and was well attended by both state and Commonwealth personnel as well as members of outlying communities. Their input and advice on health problems in the outlying areas remain valuable as we develop plans for the future direction of health care services that adequately encompass all services and areas of need.

DRUG AND ALCOHOL

Pika Wiya Health Service has been advocating for a comprehensive, ongoing drug and alcohol intervention and rehabilitation program for many, many years. MAPS deals with crisis care and is short term intervention without the capacity to deal with any type of rehabilitation process.

Pika Wiya Health Service is not funded for drug and alcohol programs; however, we frequently find the Social and Emotional Wellbeing Team dealing with the fall out from the lack of support services for individuals and families in crisis.

We continue to lobby for a facility that provides respite and rehabilitation for drug and alcohol dependent clients.

PARTNERSHIPS

We continue to enter into partnership arrangements with various organizations in order to work more collaboratively and to deliver improved health outcomes and services to the Aboriginal communities. Formal partnership agreements enable us to advocate and orientate mainstream service delivery that is culturally appropriate and provides choices for Aboriginal people. Often these relationships reduce the likelihood of individuals being marginalized or excluded from service delivery. Existing memorandums of understanding or service delivery partnerships serve their purpose well and are regularly reviewed and updated.

CROC FESTIVAL

The Croc Festival has become an annual event for the town of Port Augusta and the wider Community. Pika Wiya Health Service has been heavily involved in all activities since the Festival's inception and is providing at the national level a standard for programs delivered at a health expo. This event places extra pressure on both the staff directly involved in the festival as well as those left to deliver health care services within the clinics, but is deemed to be a well worthwhile annual activity.

DENTAL HEALTH

The dental health program that has now as been running for more than three years has proven to be an extremely successful program, with increased demands and waiting lists for both the adult and child dental services. This program, like so many other unfunded programs, places another impost upon our financial resources however. Doctor Eleanor Parker, the dentist employed at Pika Wiya, has been extremely proactive in her attempts to secure sustainable recurrent funding from a range different agencies. This funding issue remains unresolved. The Pika Wiya Board of Management has committed funding to sustain operations until 31st December 2005, at which time they will review the future of the dental program.

OUTREACH SERVICES

The outreach component of our services continues to be popular with Community members, especially in the months when program staff from Port Augusta conduct visits to deliver health care information and screening services. Other health professionals from mainstream agencies now participate in a more comprehensive service delivery model across a number of agencies and service providers. Some of the activities involve supporting *sorry days* for members of the communities throughout the Flinders Ranges. These *sorry days* facilitate times to reflect upon the memories of loved ones that have passed on. These activities have been incorporated within the Port Augusta service area and have been well attended by the Community.

I would like to thank both the Commonwealth and state governments for their support and financial assistance over the past year and anticipate their continued support in the future.

I would especially like to thank the Board of Pika Wiya, all staff involved in service delivery and other functions of the organization, as this year has been a reality check in terms of our core business and the services that we currently deliver.

BUSINESS MANAGER'S REPORT

from Jeanette Noble

This year has been no different from previous years where Pika Wiya Health Service struggles to balance the demands of our clients with the allocated resources. Sometimes hard decisions have to be made in order to maintain equity of services across the diversity of funded program areas.

This year the service experienced a sense of euphoria as we reached the 20 year milestone. This was celebrated with past and present staff, members of the Community, other agencies, heads of departments, key health officials and other dignitaries. Most reflected on our humble beginnings where the doctor bunked down on the floor of a hut at Davenport, and where Community women rewashed bandages and transported clients in their own cars. The beginning was a far cry from today's operations where we have a magnificent clinic in Port Augusta, another located within Davenport Community and outreach services at Copley, Nepabunna and Marree. We are able to offer a wide and diverse range of primary health care services courtesy of four doctors and the various integrated program areas.

The service has been able to achieve several significant milestones over this financial year, including a comprehensive review of policies and procedures that provides clear and consistent directives for staff as part of their decision making process. We have also moved towards a single reporting framework that integrates all the programs and funding allocations into one reporting document. This model simplifies the administrative requirements that were previously fragmented and time consuming because of the duplication of reporting.

Pika Wiya is working collaboratively with our funding bodies to secure recurrent funding that is geared to keep pace with forced increased costs on an annual basis. These often include enterprise wage increases, industrial relations changes to GP's entitlements, government car fleet increases and the like.

This financial year the Board of Management have developed a Strategic Plan that will provide the organisation with a roadmap for their journey over the next three years. The document identifies four key goals that cannot be defined in isolation as the plan is a consolidated approach to all of them. The service delivery model is a proactive, integrated, multidisciplinary approach to all aspects of primary health care and chronic disease management.

From the established organisational strategic direction the Board of Management, Pika Wiya staff and the Community have developed an Action Plan that defines the activities and individual objectives required of the organisation over the next 12 months. Contained within the Action Plan is a clinical and business framework that supports the organisation and facilitates the commitment to provide 'a culturally appropriate service to Aboriginal and Torres Strait Islander people, addressing preventative, promotive and curative aspects of health which encourages our Community to achieve greater dignity and quality of life equal with all Australians' (Pika Wiya, mission statement).

The organisation has intensified its commitment towards capacity building, training and development of staff through formal training in association with the Pika Wiya Learning Centre. Our staff regularly participate in both clinical up-skilling as well as training in administrative aspects that will enhance the overall skills base.

Operationally the organisation has significantly increased the number of adult health checks conducted both within the Port Augusta area and throughout the Flinders Ranges. We have trialled a triage model that basically ensures every client is formally assessed and prioritised through the clinic. The Board of Management have made a commitment that no clients will be turned away and support the principle that all clients are screened prior to securing access to a doctor. As part of continuous improvement, the organisation has scheduled the second phase of a *mapping exercise* that will critique every aspect of our service, identify bottlenecks, barriers and areas that need to be refined or improved.

It is with an element of sadness that we bid farewell to some of our long term staff and a board member this year, including: Kerri Lee (AHW), Debbie Downing (H/W), Michaela Baulderstone (GP), Victoria Han (GP), Kristy Lynch (Dental), Leonard Lester (Admin), Clinton Dadleh (Admin), Charmaine Hull (Admin) and Ian Gentle (Board). We acknowledge and are grateful for their contributions.

Although there are still some unresolved funding issues, we believe significant progress has been made in the past year and look forward to even bigger and better things over the coming year. The Board of Management and our Chief Executive have provided us with a clear blue print that defines our business over the coming 12 months and is designed to improve the health and wellbeing of Aboriginal people and their families.

OPERATIONAL

from Anna Caponi, Services Coordinator

Pika Wiya Health Services Incorporated was established in the early 1970s to provide health care to the Aboriginal Community of Port Augusta. In 1984 Pika Wiya Health Service became incorporated under the South Australian Health Commission, which is now the Department of Humans Services and Health. Pika Wiya Health Services provides services to the communities within the services catchment areas of the Far Western and Flinders North Region.

Pika Wiya provides primary health care services predominately to the Aboriginal population in these areas but has in recent times provided services to the non-indigenous Community. Recently, due to the Commonwealth government's means testing and funding criteria, the service has had to rethink its vision and reduce services to the non-indigenous population, but we have continued to service the existing clientele.

The service recognizes that there are still illnesses which still need to be addressed within the communities. But without additional funding and support we are powerless to resolve or even prevent these health issues becoming prevalent.

Illnesses that are prevalent in the communities are:

- mental health
- respiratory disease
- diabetes/obesity
- cardiovascular disease
- drug/alcohol abuse
- chronic diseases/otitis media

Through the new Strategic Plan 2005 – 2008, the Board of Management will develop and implement new strategies to address these ongoing health issues. Pika Wiya Health Services is responsible for delivery of health care in an enormous geographic area, but, unfortunately; financial constraints do curtail the provision of services to the Aboriginal population.

STATISTICAL DATA

Pika Wiya Health Service serves a base population base of approximately 5000 clientele. During the 2004-2005 financial year the service provided over 40,000 contacts within the year.

TIME FRAMES

The Strategic Plan indicates that the service will change the way business is conducted, concentrating on ensuring that clients are receiving more information on care planning, case conferencing and enhanced primary health care options.

Care planning looks at the overall health of the client, ensuring that all health areas are being covered, i.e. specialist appointments, dental check, ear/eye health checks, and medical checkups. This allows clients to have better health care and options on how they want to manage their health.

Case conferencing helps patients manage their health and set health goals. It also enlists the help of health professionals to guarantee that clients receive the best health care.

The new services have begun, but have only been slowly accepted within the Community. During the next two years the service has committed human resources into making this type of health service more acceptable to the Community, with the inception of promotional activities and specialist clinics.

OUTCOMES

Through this process we hope to improve the health status of Aboriginal people by setting up a database, identifying which health needs most require addressing. From this statistical data we can develop and implement programs targeting the various illnesses within the Community.

PRIORITIES

The service is looking at ways to increase patient participation in the new service delivery model. Hopefully, by integrating new ideas we can manage the increasing rate of chronic illness within the Community and surrounding areas. This will be a slow process, but with help and guidance from the Community we shall endeavour to make headway in achieving further beneficial outcomes in Community health.

Other priorities which we are committed to achieve are as follows:

- secure funding to expand administration area
- funding to employ finance staff
- funding for alcohol/drug rehab centre
- funding to employ drug/alcohol workers
- increase knowledge and skill base of Aboriginal Health Workers in mental health
- employment of a RN Clinical Manager
- employment of a Clinic Practice Operations Senior
- funding to employ social workers

We will continue to push these priorities through both our federal and state funding bodies because there is clear evidence that morbidity and mortality rates remain higher for Aboriginal people than for any other group in society. Aboriginal people remain under represented in employment, as home owners, involved in tertiary study and in politics.

ACHIEVEMENT AND OUTCOMES

Pika Wiya Health Service continues to lead the way in health delivery to the Community and surrounding areas. These achievements and outcomes can be measured by the time commitment of the staff within the service, which is significant, but unfortunately fail to provide a true reflection of the depth of their support and dedication.

There are a number of achievements as seen by the following list:

- 2003-2004 Croc festivals Expo (3100 participants)
- graduation of eight enrolled nurses.
- staff in-services
- staff up-skilled in chronic disease
- successful implementation of MOU with Department of Families and Communities
- Completion of Aboriginal Health Workers Certificate 2004

- Successful 20th birthday celebrations, Davenport and Port Augusta
- GPA accreditation successful 2005
- employment of Business Manager
- successful funding to employ Registered Nurse: Chronic Disease Program.
- two staff receiving Diploma of Business Management and Certificate IV in Business Management
- one staff member participating in national leadership course.

INNOVATIVE APPROACHES AND RECENT INITIATIVES

Pika Wiya Health Services is always striving to introduce new and innovative ideas to the service in order to maintain optimum services to the Community. As stated in the section on timeframes, we have developed a new approach in managing health care in the Aboriginal Community.

As with any Community organisation, introduction of new ideas aims to enhance Community participation and ownership. Listed below are new innovative ways we have conducted business:

- school screening programs
- chronic disease sessions
- diabetic clinics
- diabetic educator visits
- ongoing networks, linkages and relationship building with external agencies through committees and meetings
- participation of staff commencing Aboriginal Primary Health care Certificate III
- introduction of care planning, case management and rural chronic disease management
- introduction of Diploma of Enrolled Nursing
- increased participation on external committees
- introduction of in-services for staff and outside agencies.

Through innovative ways of service delivery we have been able to provide the Community with a broader range of programs. Examples include:

- increased participation in external health promotional activities, both locally and externally
- fortnightly educational sessions on rural chronic diseases
- increased service agreement with outside agencies
- increased mainstream services working in through Pika Wiya Health Services
- participation in cross-cultural workshop courtesy of Spencer Gulf Rural Health School.

CHALLENGES, PROBLEMS AND/OR BARRIERS

Challenges and barriers to greater success in our programs include:

- lack of sustainable funding to employ an Aboriginal Health Worker in the dental program
- lack of sustainable funding to run a supported Aboriginal Dental Health Service
- the need to overcome the removal of non-hospital PBI status that impacts upon PWHS ability to attract health professionals and specialist practitioners to work for our organisation

- lack of recurrent indexed funding to maintain the Pika Wiya Learning Centre
- lack of funding to employ relief staff
- lack of sustainable funding to employ social worker
- lack of funding to employ drug and alcohol workers
- expansion of Section 100 of the *National Health Act* to include all the PWHS clinics.

GAPS AND UNMET NEEDS

There are a number of social factors that we are not currently funded for or that are inadequately funded that impact considerably upon the health and wellbeing of Aboriginal people and their families. In particular the impact of drugs and alcohol, grief and loss and those with psychological and psychiatric problems largely remain unaddressed. The costs associated with pharmacy and the ongoing uncertainty around provision of a culturally appropriate dental health service also remain high on the priority agenda for subsidised funding.

Pika Wiya Health Service has applied a number of strategies in order to partially cover some of the unmet needs of the Community through an integrated, holistic model of health service. Unfortunately the service is stretched far beyond what could be considered reasonable and will be reviewing operational capacity during financial year 2005 to 2006.

SUMMARY

The next 12 months will be a new learning curve for the organisation, with changes to the way we are conducting business and the implementation of new services to the Community. It will be an arduous process but with the Community's support we feel we can make incredible changes to the health and well being of the Aboriginal population in our area.

Pika Wiya Health Service and the Board of Management would like to take this opportunity in thanking the Community for the perseverance and commitment in supporting the service.

We look forward to your commitment and support for the 2005-2006 year.

INFORMATION MANAGER'S REPORT 2004 TO 2005

from Damon Moldrich, ICT Manager

Pika Wiya Health Service has adapted a back to the future type approach for its clients, by providing further education and awareness on healthier lifestyles and also sharing quality information on preventative health care measures. Also high on its agenda, has been the provision of support for chronic disease sufferers to self manage their care.

As such, more time and resources are being directed towards the collection of quality medical data, with a vision of using the information gained as a tool to gauge the effect the service is having on the overall well being of its Community members.

Having successfully migrated the majority of our client data and standard government desktop applications to a Terminal Server Farm Environment in June 2004, we have found our network maintenance requirements to be more manageable. This in turn has allowed us to focus on the next phase of our ICT requirements.

We understand that clear concise data collection is paramount to the Service's requirements and every conceivable effort will go towards the collation and production of quality medical and statistical information.

Pika Wiya has always been committed to following a strategic plan. It is our intension to continue working closely with the Department of Health, Aboriginal Services Division in order to develop information management and technology (IM&T) strategies. In the near future, we hope to focus on the provision of information to the health system client, principally through web-based media.

The Generation Health Review (April 2003), conducted by John Menadue AO, identified many problems associated with Aboriginal Health. Pika Wiya hopes to establish a closer working network with other state Aboriginal Health Services in the hope of having a united approach to addressing these issues.

On a personal note, I was in a position to finalise my further education, completing modules which helped me attain both my Certificate IV in Management and a Diploma in Business Management.

I intend to utilise the skills I have gained in these fields to assist me with Pika Wiya's future ICT strategic direction.

HUMAN RESOURCES

from Owen Rowe, Human Resource Manager

Pika Wiya Health Service, in line with all state government health services, is now firmly under the 'umbrella' of the CHRIS Human Resource and Management System. The System initially displayed many small problem areas, but most of them now appear to have been rectified. In addition to annual leave being placed on the system, LSL and sick leave entitlements are now on stream.

In house training, covering a wide range of health issues designed to broaden the expertise of staff has continued and will be actively pursued again in the coming year. Annual CPR refresher course training is being provided to all staff with further full St. John resuscitation training, due every three years, being programmed for all personnel in the 2006/2007 year.

Advertising of all vacancies in the local press, simultaneously with advertising in the government notification of vacancies, has continued to encourage Aboriginal people to place their names before the selection panel for positions when they become due. The exemption gained three years ago to the *Equal Opportunities Act*, allowing only Aboriginal applicants to apply for Aboriginal Health Worker positions, expired at the end of May 2005, but has now been extended for a further three years to the year 2008. At the end of June 2005 there were 83 people in total, full time, part time and casual, employed, consisting of 59 Aboriginal and 24 non Aboriginal staff.

Patient transport still caters for a large number of clients, keeping four drivers busy from 7.00am to 11.00pm daily. The use of Pika Wiya drivers to transport renal patients to dialysis has resulted in substantial cost savings, offsetting the additional wage factors incurred by having extra drivers.

APHCAP staff appointments with two employees in Port Augusta, two in Whyalla and one at Marree are now contributing to the smooth operation of the service. In the near future Aboriginal Community Health workers are to be located at Roxby Downs and Quorn/Hawker.

The occupational Health and Safety Committee is trying to raise the profile of occupational health, safety and welfare issues through additional training, by way of policy reviews, fire drills, evacuation procedures, education opportunities and safety signage.

There has been a large impost placed on our human resources through high demands for sick, bereavement and special leave during this financial year. Many of our staff have experienced significant losses from within their immediate and extended families. The support coming from within the Pika Wiya family is to be commended. The Service has arranged grief and loss counseling for anyone who needs it, including staff, their families and members of the Aboriginal Community.

PWHS STAFFING DATA

Table 1.1 Agency		Pika Wiya	
Persons		78	
FTEs		71.42	
Gender		% Persons	% FTE
Male		35.9	37.72
Female		64.1	62.28
number of persons separated from the agency during the last 12 months		46	
number of persons recruited to the agency during the 04/05 financial year		18	
number of persons on leave without pay at 30 June 2005		0	

Table 1.2 Number of employees by salary bracket			
Salary Bracket	Male	Female	Total
\$0 - \$38,599	13	20	33
\$38,600 - \$49,999	8	22	30
\$50,000 - \$65,999	3	6	9
\$66,000 - \$85,999	2	0	2
\$86,000+	2	2	4
Total	28	50	78

Table 1.3 Status of employees in current position					
	FTE's				
Gender	Ongoing	Short-term contract	Long-term contract	Casual	Total
Male	16	8	1.7	1.24	26.94
Female	23.88	7.1	9.74	3.76	44.48
Total	39.88	15.1	11.44	5	71.42
	Persons				
Sex	Ongoing	Short-term contract	Long-term contract	Casual	Total
Male	16	8	2	2	28
Female	24	8	10	8	50
Total	40	16	12	10	78

Table 1.4 Total days leave taken needs to be divided by average fte figure for the financial year for per FTE figure	
Leave type	2004-2005
1) Sick leave taken	601.09
2) Family carer's leave taken	
3) Special leave with pay	678.64

Table 1.5 Number of employees by age bracket by gender				
Age bracket	Male	Female	Total	% of Total
15 - 19			0	0
20 - 24	4	5	9	11.54
25 - 29	3	4	7	8.97
30 - 34	1	8	9	11.54
35 - 39	3	3	6	7.69
40 - 44	6	12	18	23.08
45 - 49	3	8	11	14.1
50 - 54	5	5	10	12.82
55 - 59	2	3	5	6.41
60 - 64	1	1	2	2.56
65+	0	1	1	1.28
Total	28	50	78	100

Table 1.6 Number of aboriginal and/or torres strait islander employees				
	Male	Female	Total	% of Agency
Aboriginal /Torres Strait Islander	20	32	52	66.67

Table 1.7 Cultural and linguistic diversity				
Name	Male	Female	Total	% of Agency
Number of employees born overseas	3	3	6	7.69
Number of employees who speak language(s) other than English at home	0	3	3	3.85

Table 1.8 Number of employees with ongoing disabilities requiring workplace adaptation

	Male	Female	Total
Total	1	0	1

Table 1.9 Number of employees using voluntary flexible working arrangements by gender

Leave type	Male	Female	Total
Purchased leave	0	0	0
Flexitime	0	0	0
Compressed weeks	0	0	0
Part-time job share	0	0	0
Working from home	0	0	0

Table 1.10 Documented individual performance development plan

Name	% with a plan negotiated within the past 12 months	% with a plan older than 12 months	% no agreement
\$0 - \$38,599	0	0	100
\$38,600 - \$49,999	0	0	100
\$50,000 - \$65,999	0	0	100
\$66,000 - \$85,999	0	0	100
\$86,000+	0	0	100

Table 1.11 Total training expenditure by salary bands

*Calculation required for expression as a percentage of total remuneration expenditure

Salary bracket	Actual 04-05
\$0 - \$38,599	\$0
\$38,600 - \$49,999	\$0
\$50,000 - \$65,999	\$0
\$66,000 - \$85,999	\$0
\$86,000+	\$0

Table 1.12 Number of executives by status in current position, gender and classification

No record found

Table 1.13 Occupational health, safety and injury management

		2004-5	2003-4
1	OHS legislative requirements		
	Number of notifiable occurrences pursuant to OHS & W Regulations Division 6.6	nil	nil
	Number of notifiable injuries pursuant to OHS & W Regulations Division 6.6	nil	nil
	Number of notices served pursuant to <i>OHS & W Act</i> s35, s39 and s40	nil	1
2	Injury management legislative requirements		
	Total number of employees who participated in the rehabilitation programme.	2	2
	Total number of employees rehabilitated and reassigned to alternative duties		
	Total number of employees rehabilitated back to their original work	2	
3	WorkCover action limits		
	Number of open claims as at 30 th June	9	6
	Percentage of workers compensation expenditure over gross annual remuneration	2.41	2.45
4	Number of claims		
	Number of new workers compensation claims in the financial year	6	5
	Number of fatalities	nil	nil
	Lost time injuries		
	Medical treatment only		
	Total number of whole working days lost	348	393
5	Cost of workers compensation		
	Cost of new claims for the financial year	12680	21702
	Cost of all claims excluding lump sum payments	74483	68801
	Amount paid for lump sum payments – s42, s43, s44	nil	nil
6	Trends		
	Most frequent cause of injury	mental	physical
	Most expensive cause of injury	stress	surgical
7	Meeting the organization's strategic targets		

LEARNING CENTRE REPORT

from Anna Caponi

Pika Wiya Learning Centre is an innovative approach in South Australia to address the issue of the small number of Aboriginal students undertaking nursing and other health related courses, graduating successfully and obtaining employment.

There was a need for a Centre in Port Augusta due to the low rates associated with recruitment, retaining and graduating rates of Aboriginal students in health-related courses and registered nursing specialty areas. This was a concern to key stakeholders in the Aboriginal Community, the health industry and tertiary institutions in the Port Augusta region.

In 2003 the Pika Wiya Learning Centre was officially opened on site within the Pika Wiya Health Service grounds and has started a chain reaction within the Community and statewide.

GOALS

These goals for the Centre are as outlined in the Strategic Plan:

- increase the numbers of enrolled, and registered nurses
- increase the number of Aboriginal Health Workers
- increase the number of Aboriginal graduates within the region
- improve health/well-being outcomes/service delivery for the local Aboriginal Community
- increase employment opportunities for Aboriginal graduates within the service region.

ACHIEVEMENTS AND OUTCOMES

This 2004-2005 year has been very successful in terms of the number of courses which have been run from the Centre. Below is a list of formal and informal training that has been conducted at the Centre:

- Certificate IV in Enrolled Nursing 2003-2004
- Aboriginal Primary Health Care Certificate III 2004-2005
- Aged Care, Certificate III 2004 course
- cardiovascular training for Aboriginal Health Workers
- training for Aboriginal Health Workers (in-services)
- Croc Festival Careers Expo
- celebrating 20 years of Pika Wiya
- NAIDOC Open Day
- Diploma of Enrolled Nursing 2005-2007
- conference and workshop participation at state/national conferences
- Aged Care Certificate III - 2005 course

In the Aged Care Certificate III course we have achieved high retention rates with 95% of students completing the course and meeting all course requirements. The Aged Care Certificate III course, which ran for 12 months, had an excellent outcome with all participants graduating and receiving work within facilities like Nerrilda and Wami Kata.

The Certificate IV in Enrolled Nursing also received a solid response with 15 students enrolling. For a number of different reasons, only 11 students went on to do the course. Three of the students deferred, with a further eight graduating and confirming their registrations with the South Australian Nurses Board. Five of those graduates went on to secure employment with the Port Augusta Hospital and two received employment with an aged care facility based in the Community.

All Aboriginal Health Workers who participated in the Aboriginal Primary Health Care Certificate III completed the course and we are pleased to say some are now undertaking further studies in Certificate IV in the Aboriginal Health Workers course.

There obviously remains a need for such a learning facility that has demonstrated success rates far beyond those initially projected. This unique Centre for Learning has created a supportive environment where Aboriginal people can return to study that is structured to meet their individual needs and that graduates accredited health professionals capable of securing employment within their chosen fields of expertise.

PRIORITIES

There have been some major priorities, which must be addressed in terms of the viability of the Centre namely:

- sustainable funding to retain Learning Centre
- sustainable funding to retain mentors
- funding to develop Stage 3 of the Learning Centre
- funding to purchase video conferencing equipment for distance education sessions.

Every year we are forced to secure new funding allocations in order to operate the centre for another 12 months. The Learning Centre was a pilot that now has a proven track record and should be acknowledged accordingly. The priority is to secure recurrent operational funding that enables longer term planning to occur.

GAP AND UNMET NEEDS

Retention remains a major concern, with students failing to adhere to their study days. We acknowledge that students have families and other commitment, but there needs to be a real commitment when students register for a course.

The Centre runs on a per capita system where we get dollars per head per student, and if we are not able to retain students, then we are penalized financially.

Because the Learning Centre is not a registered training body, we out-source to agencies which are registered to run training courses out of the Centre. The Centre is given a small amount of funds to host the course, but this does not allow us to be self-sustainable.

We continue to seek registration as a RTO, but this is a long process; however, we are hopeful this will come to fruition within the next 12 to 18 months.

INNOVATIVE AND RECENT INITIATIVES

We have reintroduced the Aboriginal Health Worker training which has been good, with new training ideas happening. Some of the course which we have introduced is as follows:

- Reporting & Grant Writing Skills
- Better English Skills
- PowerPoint Presentation Skills
- Funding Submission Skills

The centre has formed a partnership with TAFE Whyalla that provides a senior lecturer to run these in-services. The numbers of participants have been good but their needs to be an ongoing commitment from staff if they are to continue. Another aspect of up-skilling includes in-services by other agencies and departments that raise awareness and promote stronger linkages across all agencies providing services to the Community.

SUMMARY

Since assuming the role of coordinating the Centre I have been extremely busy in negotiating new courses and seeking funds that will keep the Centre afloat. Community awareness is high and we continue to have steady numbers of potential students enquiring about course availability. Available space is becoming an issue as we increase the number of different courses offered. A summary of student numbers for 2004-2005 is shown in Table 1

Table 1 Pika Wiya Learning Centre Statistical Report: Current 2005

Tertiary Institution	Course	Commencement	No.
University of SA	Bachelor of Nursing (pre-registration) Including 1 student doing double degree-Midwifery	Cont. 03/04	1
	Social Work	Feb. 05	1
	Research Methodology	Cont. 04	1
	Aboriginal Studies	Cont. 04	1
	Early Childhood Education	Cont. 04	1
TAFE SA	Diploma of Nursing	25th May 05	18
	Bridging Course		5
	Cadetship Pt Aug / Leigh Creek	Cont.04	5
	Administration		2
AHCSA	APHC Cert III	Mar. 05	16
	APHC Cert IV	Mar. 05	6
Bachelor Institute	Applied Science	Cont.03	2
	APHC	Cont.04	1
	Business Management	Cont.04	1
Equals International	Cert III Aged Care	July 05	18
	Cert IV Assessor & Workplace Training & Interview Writing Skills	May/June 05	30
		TOTAL	114

STUDENT SUPPORT AND SPECIAL PROJECTS

Angela Russell, Student Support and Special Projects

A personal message to the Aboriginal Community in Port Augusta and surrounding districts.

This has been a very busy and emotional year for all at Pika Wiya and for you, the Community. Please accept my personal acknowledgment of the many losses and the pain experienced this year. The strength and compassion shown by so many is a humbling experience and has been felt by each student we have had on placement. Your support throughout this time and the continued willingness to share these experiences with potential future professionals will continue to offer meaningful and life changing experiences for students who come here.

We have had 33 students of different disciplines on placement, 19 medical, as well as four physiotherapy students who developed resources for the Community, two occupational therapy students who prepared a Men's Health Action Plan for Pika Wiya, and nine dentistry students who developed resources for the schools on oral health. We had additional placements in the areas of midwifery, social and emotional wellbeing and nursing.

This year our medical placements presented a reflective workbook of their experiences to the Service., These are just a few of the comments presented:

When dealing with people from different cultures, it is vital to understand traditions and beliefs, and working here at Pika Wiya reinforced this fact. I have had limited experience working with Aboriginal communities, but found I have learnt a great deal during my time here. While I believe I have a sound knowledge of the medical issues affecting Aboriginal people, it is the cultural issues that I have not been adequately exposed to. I have learnt more in my three weeks here than I have over the many years during high school and university, and feel more confident in helping Aboriginal people with their concerns. I hope to be an advocate of Aboriginal health issues and encourage others to visit Pika Wiya to learn more about these issues. In particular, I found the clinical experience extremely rewarding, and found the meetings I attended relevant to the current Aboriginal health concerns. (5th year medical student)

Its important for me to recognise that not everyone can be just labelled 'Aboriginal' without identity and relation to their own people group or 'mob.' This is because each tribe throughout Australia has their own unique aspects to do with culture, making indigenous Australia very diverse and this should also flow into the clinical approach to patients.

Realising the important role of all the disciplines such as health workers, counsellors, men's and women's health workers, social workers etc. has opened my eye's to the more holistic approach necessary to help raise the health levels of Indigenous Australians both in treatment and prevention of illness. (4th year med student)

Working with a culture other than my own, as has been the case at Pika Wiya, highlights the need for every health professional to provide care, which is both medically competent and culturally sensitive. I must ensure that I am respectful of each patient and their particular culture, and thus the value system they hold. If possible, I will attempt to educate myself about those different cultural groups I may work with in order that I may gain further understanding, and improve my practice. (5th year medical student)

Again we hosted many visiting students who attended a small workshop on working in Indigenous health and an overview of Pika Wiya. Thanks must go to the Aboriginal Health Workers from Pika Wiya and Community members who have participated.

Resources developed for the service include:

- men's action plan and collection of culturally appropriate sexual health resources
- pelvic exercise pamphlet and PowerPoint Community presentation.
- *Take 10* stress relief program
- oral health promotion brochures
- smoking and youth CD ROM presentation and pamphlet
- men's health pamphlet

My role again, besides student placement coordination, has seen me take part in a number of supervisor workshops, presentations to students on rural practice and embracing cultural diversity. This has seen the knowledge given to me by this Community shared through the course content developed for students. I have also had the pleasure of helping with Croc Fest, PWHS 20th anniversary, open days, Women's Pamper Day and 3 on 3 basketball. I am still available as a sounding board and mentor for Pika Wiya staff in the Shared Care Program, which strives to achieve a structures approach to improve health. I urge the Community to take the opportunity to get a health assessment and care plan.

Presentations have been given at a number of conferences on the partnership model and on the role of Pika Wiya and health promotion. Thanks go to Anna Caponi and Damian Coulthard as joint presenters.

I believe the partnership with SGRHS continues to strengthen and our common vision to better prepare and recruit both medical and allied health professionals to rural areas will continue. The steps being taken to encourage any Aboriginal or Torres Strait Islander youth to pursue these careers in a supported and culturally sensitive environment will also be strengthened.

Once again, as I enter my 20th year at Pika Wiya Health Service, I am still amazed at the strengths and resilience of this Community, of the determination to make a difference and I look forward to the next decade of continued learning, mutual respect and ways forward.

Thank you for your continued support.

Pika Wiya Health Service Inc



Plans
Strategic Plan 2005 - 2008
Action Plan 2006

STRATEGIC PLAN 2005 - 2008

No 1 Goal <i>Domain: Primary health care services</i> Improve the health & wellbeing of Aboriginal people within the PWHS and PASR service areas	Diagnosis and treatment of presenting patients	Strategy 1 Delivery of an effective and efficient integrated holistic primary health care service model	Ongoing
	Increased participation in current programs and clinical services	Strategy 2 Adopt a proactive approach that raises awareness, educates and promotes health and wellbeing principles and practices	Ongoing
	Statistics that reflect an effective take up of preventative health screenings and checks	Strategy 3 Embrace a holistic model of Child Health Screening, Annual Adult Health Checks, Health assessments and care planning for all PWHS clients	New action plans each year based upon analysis and evaluation
No 2 Goal <i>Domain: Community involvement</i> Ensure appropriate Aboriginal community involvement in health service planning and delivery throughout the PWHS and Pt Augusta Sub Regions	Endorsed amendments to the constitution	Strategy 4 Develop social inclusion and participation from a broad cross section of the Aboriginal community	End of 2005
	Increased Community participation/membership on BOM	Strategy 5 Actively build community capacity	End 2006
No 3 Goal <i>Domain: Health services management</i> Ensure that the organisation is managed effectively and efficiently	An established HR plan and finance management framework	Strategy 6 Identify and apply an integrated service excellence framework that encompasses systems, structures, policies and protocols that observe and comply with defined legislative guidelines	June 2006
	Organisations priorities clearly defined	Strategy 7 Grow and define our business	June 2006
No 4 Goal <i>Domain: Linkages</i> Develop effective relationships with other agencies through out the Pika Wiya and Pt Augusta subregions	Established partnerships for service delivery with other mainstream providers		Ongoing annually
	Strategy 8 Develop and maintain relationships with strategic partners		

ACTION PLAN 2006

Strategic Direction	Action	Measure	Timeframe	Responsibility	Cost
Goal 1: <i>Improve the health & Wellbeing of Aboriginal People within the PWHS and PASR Service Areas: - Primary Health Care Services Domain</i>					
Strategy 1 Delivery of an effective and efficient integrated holistic primary health care service model	Action 11 Diagnosis and Treatment of presenting patients	Number of episodes of care	Ongoing	GPs, H/Workers, Clinic Manager, RNs, ENS	
	Action 12 Increase and maintain client participation in current programs and clinical services (dental, chronic, eye, ear, sexual, men's, women's, diabetes, social & emotional, adolescent, child, disability, aged)	Increased numbers of Aboriginal people involved in a managed health program	Ongoing	Programs, H/Workers, GPs, health professionals, specialist support	
	Action 13 Increase the geographical reach of programs and clinical services available to the Aboriginal Community	New Service delivery and clinical services to a broader geographical area	Ongoing	All service delivery & programs including APHCAP	
Strategy 2 Adopt a proactive approach that raises awareness, educates and promotes health and wellbeing principles and practices	Action 21 Participate in Croc Festival activities	Confirmation of all of service participation	August 05	All program teams	
	Action 22 Promote Department of Health & Ageing 2005 Calendar of Events	Number of events conducted that are linked to the DHS Calendar of events	Synchronised with Calendar of events t/lines	All staff	
	Action 23 Increase community awareness of the organisation and its programs and clinical services	Policy releases: Increased numbers of clients seeking/accessing programs and services	Ongoing	All staff	

Strategic Direction	Action	Measure	Timeframe	Responsibility	Cost
Strategy 3 Embrace a holistic model of Child Health Screening, Annual Adult Health Checks, Health assessments and care planning for all PWHs clients	Action 31 Provide and support a school screening program	Numbers screened	Ongoing	Team Leader & individual programs	
	Action 32 Provide and support specialist clinics – all programs	Numbers referred	Ongoing	GPs, all programs	
	Action 33 Provide and support an effective immunisation program – adults and children	Numbers immunised	Ongoing	Jan Riordan	
	Action 34 Provide and support: adult h/checks, aged care assessments/ care plans, discharge planning referrals Active Diabetes Register	Completed assessments and care plans	Ongoing	GPs, EPC Coordinator, sharing health, clinic supervisor & H/W/orkers	
Goal 2: <i>Ensure appropriate Aboriginal community involvement in health service planning & delivery throughout the PWHs and PASR – Community Involvement Domain</i>					
Strategy 4 Develop social inclusion and participation from a broad cross section of the Aboriginal community	Action 41 Increase Board Membership with Community representation	Amendments to the constitution to allow more community representation	At next AGM	Chairperson & CEO	
	Action 51 Increase opportunity for planning and decision making through community participation on BOM and Community representation on focus/reference groups	Increased membership on the BOM	Ongoing	Chairperson & CEO & all programs staff, including APHCAP	
Strategy 5 Actively build community capacity					

Strategic Direction	Action	Measure	Timeframe	Responsibility	Cost
Goal 3 <i>Ensure that the organisation is managed effectively and efficiently – Health Services Management Domain</i>					
Strategy 6 Identify and apply an integrated service excellence framework that encompasses systems, structures, policies and protocols that observe and comply with defined legislative guidelines	Action 61 Maintain an efficient workforce; Provide education, training and skills development	Efficient filling of vacancies Staff participation IDPs	Ongoing	Executive All managers	
	Action 62 Develop frameworks that support the various business functions effectively	An established HR plan & Finance management framework	Meet milestones identified in Work Plans	B/Manager & HR & Finance	
	Action 71 Establish and define the organisations priorities	Service Delivery within our funding capacity	Balanced scorecard by June 06	Board & CEO	
	Action 72 Seize opportunities for new business	Secure new and additional funding	Ongoing	All staff to contribute	
Goal 4 <i>Develop effective relationships with other agencies throughout the PWHS and PAS Regions – Linkages - Domain</i>					
Strategy 8 Develop and maintain relationships with strategic partners	Action 81 Establish working relationships, formal and informal alliances with mainstream service providers including specialist services to effectively address the health needs of Aboriginal people at all levels of the health system within the PWHS & PA Sub region	Formal and informal service agreements, MOUs, and collaborative partnerships established	Ongoing	All staff at all levels	



Pika Wiya Health Service Inc.

**section 2, reports from
the Clinics**

MEDICAL DIRECTOR'S REPORT

from Jon Hunt

This has been a year of mixed emotions and characteristics. Our numbers have been reduced through the loss of Dr. Vicki Han and Dr. Michaela Baulderstone. At times it has been difficult to maintain a full compliment of doctors as a result of leave being taken and illness. On a brighter note, Dr. Shelley Pisani and Dr. James Otiende passed their FRACGP examinations and should be congratulated for their achievements.

We are all continually frustrated by the slow speed of *Medical Director* software which impedes our data entry requirements considerably.

I believe there have been some marginal changes in attitudes about the implementation of adult health checks, aged health assessments and care plans and, although we have some way to go, this year has demonstrated an increase in adult assessments completed. There will also be, as of the 1st of July, the introduction of new chronic disease management item numbers. These appear to be more 'user friendly' and it should be easier for us satisfy their requirements, especially with the follow-up of clients often proving to be difficult.

Overall, whilst there have not been any great changes to the management of the clinic over the past year, I feel we have begun to consolidate the model we have started to develop. We have increased our clinical presence to outreach areas during this year and intend to consolidate that into the next financial year. We have been able to further enhance our service delivery as a result of acquiring access to a podiatrist, a diabetes educator and an ophthalmologist specifically for Aboriginal clients.

PRACTICE MANAGER'S ANNUAL REPORT

from Belinda Johnson, Practice Manager and Payroll Officer

The Practice Manager's Report is a compilation of all three clerical areas based within the Pika Wiya Health Service Inc., namely, the Community Health Centre (CHC), the Davenport Clinic and the Service administration and those duties undertaken by the Practice Manager.

Maintenance of an efficient and effective clerical service within the three locations is achieved through the employment of four FTEs supported by two casual clerical officers, the Service's data processor and CEO's personal assistant.

There has been a slight decrease in the employment of medical officers over this financial year with the cessation of the ante-natal clinics provided by both Drs. Thomas and Yeung, in August 2004. In addition, Drs. Victoria Han and Michaela Boulderstone resigned from their part-time employment in January 2005 and May 2005 (respectively). Client services continued unabated, however, with a total of 7,957 consults conducted from the CHC and 2,146 from the Davenport Clinic.

The demands placed on the clerical staff (2.0 FTEs) based in the CHC is significant and growing, with clients, clinic based APHCWs, a variety of programs based within the CHC, visiting specialists and allied health personnel and external agencies all calling upon the resources of the staff members. To meet the rising number of demands placed on staff in this area, we have (where possible) utilized a third employee on Monday and Thursday of each week, in an attempt to maintain the professional clerical support services provided.

The Davenport Clinic clerical area (1.0 FTE) has largely been operating with temporary/casual staff given the resignation of a permanent and a temporary clerical officer in November 2004 and June 2005 (respectively), and the secondment of a clerical officer to other areas of the Service. Whilst the latter mentioned positions were all CHC based, it is advantageous to recruit from the Davenport Clinic directly into the CHC.

In the process of creating an accurate *Medical Director* database (achieved with the secondment of Lee Keller from the PAH), the Davenport clerical area was also supported by Lee during the quarter ending January 2005, at which time this huge task was completed and Lee was able to return to her substantive position at the Port Augusta Hospital. We have now achieved the successful compilation and storage of all archived records.

The benefits realized by the entering of accurate client data can be measured by the extensive illnesses / diseases listings which can now be generated directly from *Medical Director*, and actioned accordingly by medical officers and program personnel alike.

With the employment of a personal assistant (in October 2004) to the CEO, some duties pertaining to the Administrative Clerical Officer (1.0 FTE) position have been minimized, such as minute taking, maintenance of CEO's appointments/meetings and the maintenance of CEO's filing system. This has, however, worked to our advantage, given that we do not have to call in casual staff or staff from other areas to cover periods of absence from the switchboard.

Medical officers of the Service were able to complete a total of five outreach trips to Nepabunna and Copley, a far cry from the envisaged monthly trips. Approximately three trips were cancelled due to bad luck, with a shortage of doctors (due to approved study and leave entitlements) contributing to our failure to achieve monthly visits.

Whilst medical officers can access *Medical Director* from Copley during these outreach trips, they are still unable to access the database at Nepabunna. This issue has been forwarded to IT for resolution as soon as possible.

Medical officers and clerical staff alike continue to express frustration with the slowness of the *Medical Director* program. This issue has been flagged on numerous occasions with IT (both internal and external) in an attempt to speed up the program, but at the time of writing this report, no action had been taken to resolve the problem.

As we have not yet achieved the installation of the HIC online claiming facility due to IT issues, I continue to collate, calculate and record Medicare income manually. In December 2004 we did introduce a billing method as used by Aboriginal Communities located in the Far North of South Australia and throughout the isolated regions of the Northern Territory. The method actually proved very time consuming for doctors and myself, and we have reverted to the original method of Medicare billing.

At time of writing this report there is no electronic appointment system operational in the clinics. Progress on this upgrade has been inhibited due to the installation of the TS (terminal server) farm and the many associated teething problems. Training in the use of an electronic appointment system was undertaken by two clerical officers (including the data processor) early in the 2004-05 financial year. We are, at present, utilizing the appointment system purely for the booking of motor vehicles in order that we can gauge any issues which may impact on service delivery. Again, it is hoped that this will be fully operational and online within the next few months.

In December 2004, information for the re-accreditation of the Service with GPA Accreditation was submitted, with a subsequent visit from GPA surveyors in February 2005. This Service successfully achieved re-accreditation for a further three years.

This, the 2004-2005 financial year, saw a change to the duties of Practice Manager. The position now includes all duties associated with calculation of fortnightly payroll. Whilst this change caused many distractions to what was a standard day-to-day routine, I can gladly say, after many months, that I have realigned to a more appropriate and manageable routine.

The introduction of the new duties has had a negative effect on the clerical team as a whole, given that (especially in the early months of this financial year) much of the time that would normally have been spent supporting the clerical team – and hence the doctors – was consumed by the need to focus on the new demands associated with payroll. This was compounded by a short stint of duty in the Human Resources section.

In all, it has been a very busy year. Without the commitment of the clerical staff, the support, understanding and perseverance from both clerical staff and doctors, I would not have been able to successfully undertake and continue the required extra duties.

COMMUNITY HEALTH CENTRE

from Emily Tinning, Clinic Supervisor

Town Clinic continued to experience high levels of demand from all sectors of health and well being during the past 12 months. Now that there is a specialist obstetrician at the hospital, however, some of the obstetric demands within the clinic have diminished.

Specialist clinics are still running, although bad luck in the community has meant that some clinics have not been as successful as they could have been. One of our main focus areas is to do a health assessment on all patients that present to the clinics. We are hoping that in this way we can pinpoint areas of concern and act on them immediately to help improve the health and well being of all patients that present. We will be able to use the assessment to focus on areas of concern immediately, and hopefully this will enable us to decrease the mortality rates within this Community. During the first health assessment clients will have a full health screening. If nothing is found that client will still be re-called annually for follow up. There were some problems initially in this area due to patients having extended waiting times because of the assessments and the need to see a doctor, but this has been addressed and the system is now running more effectively.

Transport is still a major issue. The demands are very high from within the Community. Therefore, the situation has been taken to the Board and a policy will be put in place that should help to clarify the criteria for transport and lessen the load on the drivers.

The Aboriginal Health Council are in the process of ensuring that all Aboriginal Health Workers throughout Australia have the same qualifications and that there is constant up-skilling of all Aboriginal Health Workers. This will ensure they are all kept up-to-date and are trained appropriately in clinical assessments and procedures.

We have been discussing the need for home visits to our clients and are looking at setting up a mobile vehicle with all the necessary equipment to enable a full assessment to be done in the comfort of the client's own house. Hopefully this will be up and running in the next few months

During the next financial year we will be continuing to promote all aspects of health and well being and ensuring that this is done in a way that the Community needs and wants. We are still aiming to see all our clients at least once a year for reviews or to refine their treatment and/or case management.

DAVENPORT CLINIC

from Corrina Stuart, Clinic Supervisor

As has been the case in previous years, Davenport Clinic continues to experience an influx of transient Aboriginal people and their families from the wider remote Communities who have differing health demands as a result of lifestyles and inherent health problems. Added to the health issues are the social and welfare problems experienced by the group as they are detached from their traditional lifestyles.

The clinic provides primary health care to the transient and homeless groups that reside in makeshift camps in and around the outskirts of Davenport Community, hence increasing the amount and intensity of the workload. The Aboriginal Health Workers have worked collaboratively with wider mainstream agencies in order to provide a more holistic program of support for all who have health and social factors impacting upon their lives

Grief and loss remain two of the biggest factors impacting upon our community, their families and friends. Much of our work is associated with advocacy on behalf of the families to ensure they are aware of what is available and or to support them to work through their grief and loss.

Transient individuals and families require the expertise of Aboriginal Health Workers to interpret information about their prescription medications, about refilling their dose boxes and in accessing essential information about their Health Care Cards and Medicare related numbers. AHWs frequently find themselves intervening and interpreting on behalf of transient clients for whom English is their second language.

Some of the key functions of Davenport Clinic include determining the severity of a patient's condition through a comprehensive screening process and often the care of deep flesh wounds, dealing with severe camp fire burns, and suturing deep cuts. In order to remain effective providers of quality health care, AHWs regularly participate in revisions and updates of various health care training initiatives.

Davenport Community Clinic has not been immune from a turnover of staff nor to extensive staff absenteeism. These factors often require the use of casual or new staff who require time to become fully orientated to the clinic and the clientele. Davenport clinic has made some inroads into conducting aged care assessments and adult health checks. However, the Clinic will benefit from proposed changes to health care service delivery that include conducting assessments within the confines of clients' own homes.

Costs associated with some medications required for the chronically ill remain an issue in some cases, particularly if the medications are not covered by the PBS system. Often clients report they are going without vital medication or sharing with other family members, which can have dangerous consequences. Adam Buzzacott continues to provide culturally appropriate support for clients in terms of their health status and control of their medications.

We have received a new immunization fridge which is able to maintain the constant temperatures required for immunization supplies, thus reducing the likelihood of discarding supplies that may have been compromised by temperature changes.

The demand for services through Davenport Clinic continues to fluctuate and will no doubt increase as a result of the housing being built to accommodate transient people travelling and staying within our area.

NUNYARA WELLBEING CENTRE

PROGRAMS AND PROJECTS

Community Enhancement Program. Nunyara was successful in gaining a grant from the Aboriginal Health Division under the Community Enhancement Program to establish a 'community meeting place'. The aim is to be able to provide facilities for social functions and get together for families and individuals by creating an environment that is safe, welcoming, and accessible to the Whyalla Aboriginal Community. It is anticipated the funds will be spent on landscaping, play equipment, a BBQ, artwork and shade. The Community will be involved in the project from design to completion to achieve an area that will not only be used by the Community, but owned by the Community.

Cervix screening. The Aboriginal Well Women's Screening Program (DoH) funds Nunyara Wellbeing Centre to run the Whyalla Aboriginal Well Women's Clinic that is provided and coordinated by staff at Nunyara. A nurse from Flinders Terrace Community Health in Port Augusta is 'bought in' to provide clinical services. Staff at Nunyara apply for the funding, promote the service and provide health promotion and education for Aboriginal women in Whyalla, as well as evaluating the clinic annually. The clinic is held between four and six times per year and is attended by approximately 12 Indigenous women annually.

Diabetes and podiatry. Since the diabetes clinic was established at Nunyara in December 2004, 19 people have utilised the clinic which is held for two hours each fortnight. The podiatrist started outreach to Nunyara in April this year, holding clinics concurrently with the diabetes educator. Plans to hold information sessions and health promotion events in collaboration with the podiatrist, diabetes educator and other health providers are being organised for the new financial year.

Aboriginal Maternal and Infant Care Worker (AMIC). Nunyara was funded through Healthy Ways to provide an additional AMIC Worker and services in Whyalla as an extension of the Alternative Birthing Program that is run in Port Augusta and Whyalla. It is anticipated that through this funding all pregnant Aboriginal women in Whyalla can be offered ante and postnatal clinical and education services, as opposed to the approximate 10-15 who could participate in the Alternative Birthing Program Project. An AMIC Worker for the position has recently been employed and will work closely with the established program to deliver maternity and postnatal care that is culturally respectful, responsive to women's needs, consumer driven and promotes choice in Whyalla. The aim of the program is to improve pregnancy and birthing outcomes for Aboriginal women in Whyalla.

Otitis media. Nunyara is participating in the Regional Otitis Media Clinical Support Systems Project which is targeting Aboriginal children aged 0-8 in the Northern and Far Western Health Region who have acute otitis media and suppurative otitis media.

The children will be identified, diagnosed, treated and reviewed as part of the project, which is guided by commitment from Aboriginal Health Services throughout the region in partnership with OATSIH, Department of Health, the Royal Australasian College of Physicians, Northern and Far Western Regional Health Services, Northern Regional Paediatric unit and the Eyre Regional Health Service.

PROMOTION AND EVENTS

NAIDOC Week. This year Nunyara held a colouring in competition for all primary schools that was well received. Winners were photographed with their entries and published in the Whyalla News. We also facilitated rock painting with kindy kids in conjunction with other organisations to celebrate and share local Indigenous culture through participatory activity.

Research project. Spencer Gulf Rural Health School, in collaboration with Nunyara Wellbeing Centre, is undertaking research in the Whyalla community to identify how Nunyara can improve local Aboriginal health services in Whyalla. This is being undertaken via participatory action research. The first stage of the project has been completed, and Spencer Gulf Rural Health School was acknowledged and awarded 1st prize for best poster at the General Practitioners Primary Health Care Conference. The second stage of the project continues, with evaluation and outcomes expected to contribute to the direction of service delivery for Whyalla Aboriginal people from Nunyara in the future.

STATISTICS

Yearly numbers. Statistics for the year are paper-based as the CME (Client Management Engine), has not yet been implemented at Nunyara.

1:1 = 256 informal / transport / groups / room usage = 537

Staffing. Staff who work from the Centre on a permanent basis include:

- Coordinator, 1 FTE, temporary until April 2006, funded through Aboriginal Primary Health Care Access Program, employed by Pika Wiya Health Service
- Senior Aboriginal Health Worker, 1 FTE, funded through Aboriginal Health Council, employed by the Whyalla Hospital and Health Services Inc
- Male Aboriginal Health Worker, 1 FTE, funded through Aboriginal Health Council, employed by the Whyalla Hospital and Health Services Inc
- Clerical officer, 1 FTE, temporary until October 2005, employed by Pika Wiya Health Service
- 2 FTE Home and Community Care Workers, employed by Pika Wiya Health Service

Outreach staff. Staff who work from the centre on an outreach basis, that is, who provide services from local organisations at Nunyara for the community consist of:

Service	Frequency	Providing organisation
Diabetes educator	2 hours per fortnight	Whyalla Hospital & Health Services
Podiatrist	2 hours per fortnight	Whyalla Hospital & Health Services
Immunisation & flu vaccination	3-4 hours, 2 to 3 monthly	Pika Wiya Health Service
Housing advisor	2 hours, weekly	South Australian Housing Trust
Financial advisor	2 hours, weekly	Child, Youth & Family Services
Cervix screening	6 hours, 2 to 3 monthly	Flinders Terrace Health Centre
Mental health worker	As required	Whyalla Mental Health Team
Antenatal clinic	2-4 hours weekly	Whyalla Hospital & Health Services
PHC Certificate	1 week each month	Aboriginal Health Council of SA
Centrelink	2 hours per month	Port Augusta Centrelink
Family Conference Team	2 days per month	Youth Court of SA
Drug and alcohol nurse	as required	Drug and Alcohol Services SA

GOALS 2005-2006

- provision of a general practitioner
- provision of visiting dental clinic
- increase promotion of Nunyara
- establish an ongoing men's health program
- further develop the Nunyara Board
- investigate crisis relief funding
- maintain and increase working relationships with local organisations
- capture opportunities to increase our capacity to become an independent organisation.



Pika Wiya Health Service Inc.

section 3, reports from
Programs

APHCAP PROGRAM REPORT

from Jeanette Noble

The APHCAP program has experienced a number of challenging issues as it evolves operationally. However, an integrated approach supported by the Department of Health and Ageing forecasts a model whereby funding is spent on a comprehensive primary health care service: a model that empowers individuals and Communities to take greater responsibility for their own health; that strengthens existing service systems to better meet the needs of Aboriginal and Torres Strait Islander people; that increases the availability of services in areas that are inadequate or non-existent.

Planning for the financial year 05/06 and beyond is now incorporated within the PWHs Strategic and Action Plans that maximise available funding and optimise potential for objectives to be achieved. This is part of the strengthening of existing services and increasing the availability of other services throughout the Port Augusta Sub Region (PASR).

Management and administration of APHCAP have been absorbed within the other business activities in order to maximise the operational capacity to those Communities located within the Port Augusta Sub Region.

Management responsibilities for the program have been placed within the Business Manager's portfolio which has provided a greater capacity to employ more staff on the ground throughout the PASR, including Whyalla, Roxby Downs, Marree, Quorn and Hawker.

Pika Wiya Health Service has provided a platform via an arrangement with Department of Health and Ageing to auspice APHCAP funding that facilitates the operations of Nunyara Wellbeing Service in Whyalla. Staffing establishment has been established to maintain the day to day activities of Nunyara Wellbeing Centre in collaboration with the Nunyara Board of Management.

Established health action groups at Marree, Whyalla and Roxby Downs strengthen the consultation process and have contributed towards effective planning and determining those services that are inadequate or non-existent. We have been able to review existing service systems and increase availability to a range of primary health care services that are more aligned to specific Community needs. A program of early detection, promotion, primary health care screening and management has been developed on a six weekly cycle for outreach Communities and homelands contained within the Flinders Ranges. These clinics have identified gaps in service delivery relative to eye, ear and chronic disease detection and management.

A number of other milestones have also been achieved, including progress in the selection process of Community Health Workers for Marree and Roxby Downs. It is expected that the new staff will be operational in August of 2005 and that they will be supported on site for several weeks by experienced PWHs Health Workers.

The Cultural Mentors Program is operational and there are plans to continue the orientation of General Practitioners through the Division of GPs, using funds unspent during 05/06.

Approval has been obtained to employ an Aboriginal Oral Health Worker for 12 months to promote oral health and reduce the risk factors known to be linked to other diseases.

A steering committee has been established that includes representation from Northern and Far Western Regional Health, Aboriginal Services Division, Aboriginal Health Advisory Committee, Pika Wiya Health Service Board, PWS Chief Executive Officer, Office of Aboriginal and Torres Strait Islander Health and other APHCAP Staff. The steering committee members are responsible for the implementation of the objectives and are accountable for APHCAP's performance.

The APHCAP and PWS teams look forward to even greater achievements in the coming year as new staff provide organisational and Community networks that contribute towards the enhancement and delivery of primary health care services across the PASR.

WELL CHILD PROGRAM REPORT

from Maria Calyun

Despite a hectic start to the year our team has settled in really well this first term. Most of the programs have been busy and the workers have been looking at their workloads and to see how they have been coping.

From the Team Manager's point of view I feel that the team has been working quite well together, supporting and encouraging one another and working closely as a team under extreme pressure due to extraordinary family and Community issues occurring this year.

There have been a number of death's recently that have directly affected staff, with many needing to take time to attend funerals and offer support within their own families and for other members of the Community. It has been good that other workers within the team have stepped up and filled those gaps.

SCHOOL SCREENING

To date we have screened 137 Aboriginal identified kids within the school. The screening involved is height/weight, blood pressure, BSL, eye screen, hearing screen and urinalysis screening. This has been helping us detect any health issues with the children early in life. There have been a few children with obesity issues and referrals have been made to the dietician to start talking with families about nutritional education. We have referred 45 children to the Well Child Clinics, but not all have attended. 18 young people have been referred to the optometrist to have their eyes screened. 10 children have been referred to the hearing specialist. *Our motto is: Our Children, Our Future. We need to look after them.*

We will continue to develop the school screening over the next few months, when we will re-evaluate it to see how we can continue to fit this in with the Well Child Program.

CHILD HEALTH CLINICS

To date the Child Health Clinics have not been overly successful do to a lack of parental support, which is required for referring to the doctors for consultation. We have had 36 children attend the Child Health Clinics with support from the Child Health Team.

ISSUES

There are issues regarding cars and transport. We are still trying to work through these.

GAPS IDENTIFIED

Quite a few young parents are not utilizing any of the services which are available for them. We have started to put together a list of names and will look at developing a joint home visiting program with the Learning Together Program, CYH, Family's Program, Flinders Terrace and PWHS. Debbie Jackson will manage the program that will allow us to encourage and support the young ones.

Grandparents who are carers are unable to get a break and feel like they are caught in a web. There is no time out for them. (Some were attending chronic disease sessions and enjoying them, but since they have stopped, nothing has been put back in place of them).

In terms of men's health, fathers are attending the playgroup, but some feel shame. Maybe a forum for them should be organised so that they can talk about their issues.

There is a funding issue for the team due to the fact that we do not have a budget. This makes it difficult to get out and do promotional and education sessions in the Community.

POSITIVE OUTCOMES

The Reflection Afternoon which we have as a team every six weeks has been well received. This is a time for each staff member to look at what is working within their program, what's not working, and how other staff members can help and support. We have a topic to talk about that helps build the team and we share ideas. At the end of each day we all make an Appreciation Card and present it to our chosen person.

Each staff member is then given a chance to run the next reflection group. This is about empowering each other and sharing leadership roles. The support which each staff member gives is outstanding. I am very pleased to be a part of this great team.

It's with this positive attitude and commitment that as we approach the next six months, once again looking at the challenges ahead of us.

ANTENATAL AND POSTNATAL PROGRAM

from Bronwyn Warren

ANTENATAL

The program continues to deliver services to antenatal women, which include having two clinics a week with a doctor, midwife and health worker available for screening and one to one education. The health worker also provides the following services to clients: booking appointments for ultrasound scans and specialist appointments, referrals to other service providers, offering transport to appointments, advocacy and support, being a support person at the delivery if this is requested.

Home visits include: delivery of appointment cards; one to one contact with client; follow-up visits; and getting to know each other.

Antenatal classes once a month are were planned for August 2005 for all Aboriginal women. These were culturally appropriate and organised by Aboriginal Health Workers.

POSTNATAL

The postnatal program continues to deliver a postnatal service to both mum and baby during their stay in hospital and regular home visits on discharge, also checking that both mum and baby are coping well. Any assistance that is needed is provided. This is also the opportunity to talk to clients about family planning and their own well being.

ACHIEVEMENTS/OUTCOMES

Certificates received and workshops attended were:

- in-service on oral health
- paediatric workshop
- CPR training update
- alternative birthing services program
- growing strong workshop
- CYH family partnerships training
- CYH universal home-visiting
- otitis media

The team continues to have weekly meetings with the team leader.

Reflection Days have been very positive. The members of the team get together once a month on an afternoon and just reflect on what have been the positives for the team and make cards for each other and do crafty activities.

The program has also had the opportunity over a period of two months to have two midwifery students from Whyalla spend eight days each with the health worker to see how the program works with its Aboriginal clients. They enjoyed being part of the program and have learned lots of things.

The health worker has also had the opportunity to sit on an interview panel for the position of the clinic health worker.

Attendance and participation at the Croc Festival in the family's tent was another highlight of the year, as was involvement in the Well Child Clinic and screening days at the local schools and health promotion at the Flinders and Tji Tji Wiltja Kindergartens.

INNOVATIVE APPROACHES AND RECENT INITIATIVES

The health worker is also one of the Aboriginal Maternal and Infant Care Workers in a new two year program called the Anangu Bibi Birthing Program, where high risk social and medical pregnancies are looked after very closely and offered more support.

One of the highlights of the program was being able to observe a Caesarean section being performed on one of our clients. This was just amazing.

GAPS AND UNMET NEEDS

Lack of antenatal resources that are culturally appropriate and that are from South Australia is a gap for us.

YEARLY FIGURES

Client contacts from July 1st 2004-June 30th 2005 were 980.

CONCLUSION

This year has been very busy and it has been very enjoyable to work in this program. The rapport and communication with the Casuarina Ward at the hospital continue to be very good. The midwives and the health worker work very closely and learn from each other. We are looking forward to another busy and rewarding year next year.

INDIGENOUS HEARING HEALTH PROGRAM

from Veronica Brady

The Hearing Health Program continues to provide school and kindy screening to all Aboriginal children in Port-Augusta and to the Outreach catchment areas. The Hearing Health Program has had a successful year with everything going well.

SERVICES PROVIDED BY THE HEARING HEALTH PROGRAM

The program has provided the following services:

- kindergarten screening/review
- school screening/review
- family playgroup
- cross referrals
- outreach trip
- transport
- Child Health Clinic Day
- appointments
- home visits
- reminder calls
- Damien Mansfield –(clinic 3/12 monthly)
- Australian Hearing –(every 4/12 monthly)
- adult clinic/screening –(from port-augusta prison)
- referrals to appropriate services: doctors; hearing impairment services; Child & Youth Health; Australian Hearing.

GOALS

Our goals have been:

- to develop and provide early intervention activities including programs, services and resources relating otitis media and conductive hearing loss within Aboriginal children from birth to primary school level
- to develop culturally sensitive and appropriate program activity to address the prevalence of otitis media in Aboriginal children within the Port-Augusta and surrounding health service catchment
- to address issues relating to access, specifically relating to screening and treatment of otitis media in Aboriginal children in Port-Augusta and surrounding health service catchment areas
- to develop, discuss and promote access to the Pika-Wiya Health Service Inc by the specific target population who have high prevalence rates of otitis media and conductive hearing loss.

PRIORITIES

Our priorities have been:

- to develop specific programs for aboriginal children who have presented with acute otitis media and conductive hearing loss
- to review and collect data relating to current numbers of Aboriginal children who have presented with conductive hearing loss or otitis media in the last 12 months
- to maintain the Indigenous Ear Health Advisory Committee, comprised of Aboriginal Community members and key stakeholders such as Australian Hearing and other agencies to address the prevalence of Otitis Media in the Port-Augusta and surrounding health service catchment areas
- to develop a comprehensive program that address otitis media and conductive hearing loss in collaboration with key stakeholders.

OUTCOMES AND ACHIEVEMENTS

Last year an adult clinic was held at Pika Wiya Town Clinic. A result from this clinic, a couple of these adults received their hearing aids from Australian Hearing after being assessed by the Pika-Wiya Ear Health Worker. Two primary school children have also received their hearing aids.

A Well Child Health Clinic Morning was held at Pika Wiya, and 13 children attended. An initial screening included BP (blood pressure); BSL (blood sugar level); height/weight (along with BMI, body mass index); vision; dental; urinalysis; skin and hearing. Many of these children were picked up from either the school or kindy and Australian Hearing screening.

Damien Mansfield still continues to provide his service for children who have on-going ear health problems. He visits every three months at Pika-Wiya Health Service.

A Child Health morning session was held at Willsden Kindergarten for the littlies. Screening involved was skin; height/weight; hearing test. After the screening there was a small barbecue for the Family Playgroup and staff.

A yearly calendar has been set up for the Hearing Health Program for all primary school children to have their screening done. This has been a big positive step for the Hearing Health Program and myself.

Reflection Day has also been part of the Child Health Program. On Reflection Days each individual selects a name and then makes up a card for that person and says something very nice about her. Work and everything are forgotten on that day. Reflection Days have been a positive step for the whole team to feel good about one another.

CONCLUSION

The Indigenous Hearing Health Program has had another rewarding year with Australian Hearing and Pika Wiya Health Service in partnership with Damien Mansfield's clinics. There will be more elderly who will be able to have access to hearing aids in the future; and children will be monitored throughout their early years and as they get older and their needs will be met.

For the period commencing 1st July 2004-30th June 2005 the Program has had an overall total of 1367 client contacts, with services being provided to these clients and their families. We are looking forward to another busy fulfilling year.

PIKA WIYA HEALTH SERVICE SPECIAL NEEDS/AT RISK PROGRAM

from Debbie Downing

The Special Needs Program has continued to assist and support Aboriginal families within the Community who have children with special needs or who are at risk with health issues. The Program provides a model of best practice for increasing the health status of all Aboriginal children.

GOALS

The goals of the Special Needs/At Risk Program are:

- to offer Special Needs/At Risk children and their families help with daily living and a better quality of life
- to provide preventative health care with earlier intervention
- to ensure all clients are treated as individuals
- to provide equal access and choices to all areas which impact on the well being of a child and their family.

ACHIEVEMENTS AND OUTCOMES

From 1st July 2004 to the 30th June 2005 the Special Needs/At Risk Worker had 1615 client contacts and provided 2235 services for clients and families.

The services provided to these clients include:

- transport
- advocacy
- case management
- social support
- counselling
- intake and report meetings
- review meetings
- health screening
- appointments
- support letters
- referrals
- home visits
- medication monitoring and delivery
- health education
- school/centre visits
- follow ups
- Guardianship Board
- client files/progress notes

Collection of data for each client is done annually and forwarded to the Disability Services Office. The Program Worker has continued to work collaboratively with other service provider agencies to support and sort out problems identified by the Aboriginal Community. These agencies are:

- Child Youth Family Services
- Child & Youth Health
- Aboriginal Family Support Service
- Indigenous Country Carers
- Aboriginal Families Project
- Port Augusta Hospital.
- Port Augusta Special School
- Domiciliary Care
- Child Development Unit
- Miriam High Special Needs
- Flinders Terrace Health Service
- The Pediatric Unit
- Child & Mental Health Services
- The Crippled Children's Options Coordination

The following activities are undertaken during the year:

- The Program Worker and agency/centre coordinators and senior school staff meet monthly to get feed back on and discuss any issues about clients.
- School and centre visits are done weekly by the Program Worker to observe and work with clients to see how they are progressing.
- Interagency case conferencing for clients is being conducted on a regular basis to sort out some of the social and emotional issues that families have with their children.
- Child Health Clinics have been held monthly by the Child Health Team since March this year. From these clinics we have had two referrals to a dietician, three to the pediatrician also two to Australian Hearing.
- Monthly pediatric clinics with Dr Tom Han have been good, with most clients now up to date with their appointments.
- Home and hospital visits to families and clients are done on a weekly basis to see if everything is going alright. Sometimes just a social visit is made in order to keep in touch.
- The Child Health Team is now doing a full health screening program on all Aboriginal children at the schools. The screening involves checking blood pressure, weight/height, vision, ears, skin, hair and blood sugar levels.
- Dental screening started in May with screening at the Willsden Playgroup where 15 children from one to five years were screened with four referrals to doctors , then 65 children from five to 12 years were screened at the Willsden Primary School, with four referrals to doctors for check ups.
- Child Health Team meetings with the team leader are held regularly to see how we are going, discuss any issues, see where we are up to, check our work load and a provide an update on outcomes of all of our activities.
- Reflection Days for the Team are now being held monthly to look at where we are all at, to consider the positives and the negatives and what can be done to improve our services to the Community. The Days also provide an opportunity to wind down and come together for some social time and fun.

ACTIVITIES

Program Workers were involved in the following activities during the year.

- NAIDOC week was held in July. Pika Wiya was involved in organizing and holding a ball, which the Program Worker participated in and also helped run.
- Children's Week was in September. The Ear Health/Special Needs Program Workers held a barbeque at Gladstone Square with other organizations having events.
- The Croc Festival was held over three days with the Child Health Team having a family health promotion focus. There were activities for children and education on various subjects for adults.
- The Ear Health/Special Needs Program Workers held a stall at Gladstone Square for Child Protection Week. We provided activities for the children that included bags with a variety of goodies in them.
- The Program has been involved in a weekly playgroup for one to five year olds held at Willsden Kindergarten in collaboration with the Early Learning and Learning Together Program, which about 12 mums and 18 children attend. Guest speakers are invited along and lunch is provided.

- Pika Wiya held its 20th birthday celebration in December with all Programs participating with activities, health promotion and a luncheon.
- The Child Health Team also organized and helped with summer holiday youth activities and events held in December.

STAFF DEVELOPMENT AND TRAINING

Program staff were involved in the following training activities during the year.

- SA Police Drug Diversion Assessor completion
- dental health, pharmacy/medications, pediatric seminar
- two day workshop on health assessment/forms
- dressings/wound treatments
- cardiovascular incontinence/bladder
- mandatory notification
- CPR refresher course
- skills/report writing
- Aboriginal Health Worker training
- oxygen credentialed procedure
- diabetes.

CHALLENGES AND BARRIERS

Some challenges and barriers experienced during the year were as follows.

- Insufficiency of culturally appropriate collaboration from other organizations is still a problem
- Getting clients to access services that are offered and getting families to attend appointments is very difficult and frustrating. This is a issue for the doctors and the clinics.
- Other services or agencies involved with care fail to follow up on referrals or clients because of the lack of staffing in most services and the number of clients.

CONCLUSION

This year has been successful, active, challenging and rewarding. Some special needs children have been able to attend main stream schools and kindergartens, which is a great achievement for these children as many of them have intense needs.

Client numbers have increased again this year, with referrals coming in from other programs, agencies, doctors and paediatricians.

The Program Worker has identified goals and implemented a number of changes for early intervention that have been beneficial to the families and children.

Through early intervention we are now picking up problems in children as young as three months, which is good due to the fact that we can put the support for the family in place immediately so that the child has a chance to reach its full potential.

I look forward to another busy year ahead in the Program and hope that I can continue to make progress and make a difference in the lives of these special children.

RESOURCEFUL PARENT PROGRAM

from Debbie Jackson

Links with the Community are through home visits. This is to keep people informed of what's happening and of changes or events that are coming up. Home visits are made to Community members that I don't see on a regular basis. They are invited to come along to any of the events in our Community and any new information is given out.

Programs that are still ongoing are True Colours, playgroup and parent information sessions.

TRUE COLOURS

True Colours happens every Wednesday with the Year 9 students. This term, topics were around relationships, peer pressure and sex education. For these topics we got a lot of the information from the Head Room pamphlets and guest speakers.

PLAYGROUP

Every Tuesday and Friday playgroup happens. We are averaging around 107 children and parents who attend the group. On Friday the 27th May we had in one session at the Willsden Kindergarten 38 children and parents attending the playgroup. This was one of the largest groups we have ever had at the one time.

PARENT INFORMATION SESSIONS

Parent information sessions are held once a month. At the playgroup at Willsden, we have negotiated with the Aboriginal Women's Center to have these sessions there with child care available to the parents. Topics are offered dealing with budgeting, cooking, health, child development, arts and craft and social functions for families.

INDIGENOUS PARENT MANUAL

Sixty five people from different agencies have completed the training offered through the manual. The next six months will involve linking these agencies and delivering the program to our Community.

The format of the program is in three parts: Parents are People Too, Families are Important and Culture and Community We will try to run workshops over one or two days.

DIABETES PROGRAM ANNUAL REPORT 2004-2005

from Noblelene Mackenzie Stuart

Pika Wiya Health Service has established a Diabetic Program to provide a primary health care service to all Aboriginal clients with diabetes. The primary focus of the program is to assist clients in managing their existing illness and improving their health, thereby reducing diabetes related complications.

ACHIEVEMENTS AND OUTCOMES

The following have been some of the achievements and outcomes of the Program.

- **Blood Glucose Monitor Purchase Program**
To ensure effective home management of diabetes, 23 women and 19 men have purchased their own BGM's. This is a strong indication that the diabetes health awareness and education campaigns delivered by PWHS have been successful.
- **Eye Health Program**
Client contact: 147 contacts have been collected on the CME data program
- **The Aboriginal Health Workers Forum**
The Diabetes Health Worker is the PWHS representative on the South Australian Aboriginal Health Workers Forum which meet four times a year.
- **Community Health Promotion**
Outreach, Copley & Leigh Creek, with Diabetes Educator Martin Dowell.
- **Croc Festival - 31st August, 2nd September 2004**
- **Outreach & Health Promotion – Marree, Copley & Nepubunna – December 2004**
- **Training**
cardio, dental, pharmacy, care planning and other adhoc training at the Learning Centre.

MEETINGS & CONFERENCES

- **September 2004 – International Diabetes & Blindness Conference (Cairns QLD)**
- **Regional Diabetes Advisory Committee**
The DAHW is a member of the Regional Diabetes Advisory Committee, which meet at least four times a year. The DAHW attended and participated at a Regional Diabetes Advisory Planning Day on the 5th April 2005.
- **Innovative approaches and recent initiatives:**
 - purchase of teddy bears, Ruby and Rupert. These are health promotional educational tools which have been obtained to engage with children and youth
 - developed culturally & Community appropriate diabetes information pamphlets
 - conducted monthly diabetic education sessions that included: diet & diabetes, diabetes & the eyes, diabetes & dental care
 - student placement
Scott: 5th July 2004 & Bronwyn O'Brian: 6th June 2005
 - conducted a one-on-one cultural awareness & education session with students:
Diversity within Aboriginal Cultures – Davenport Community, Umeewarra Mission & Port Augusta Contemporary History – explained how a variety of factors impact on Aboriginal health, particularly diabetes

- Working with other program areas:
 - Anangu Bibi Alternative Birthing, Aboriginal Women’s Advocacy Committee
Diabetes has huge impact on the health and well being of the mother and unborn child. The DAHW involvement in the program aims to raise the awareness of the importance of the need of good diabetes management for pregnant Aboriginal women who have either gestational or pre existing diabetes.
 - The DAHW works with the Women’s Health Program and other female AHWs.
 - DAHW works with the Chronic Illness Program: Fiona Coulthard, Moira Hayes and Denise Broadwood (Diabetes Educator).
 - LIFE – Thinking SMART about Diabetes!
- Providing diabetes education and awareness to diabetic client groups:
 - assist client to identify best practices of good diabetes management
 - assist in the delivery of a culturally appropriate program designed to address the needs of aboriginal diabetic clients
 - transport clients
 - support to other health professionals and speakers
 - provide professional support to clients.
- Women’s Pamper Day – 23rd May 2005 (80 women attended)
 - to address the issues of grief faced by Aboriginal women in the Community
 - to provide a temporary outlet for Aboriginal women who have to deal with a stressful lifestyle in relation to diabetes
 - encouraging both family and Community unity, in coming together
 - to assist Aboriginal women to identify issues which impact on their well being
 - to provide a supportive environment in which Aboriginal women can share in support and encouragement in regards to social/emotional/family/health issues of concern
 - to acknowledge and respect the importance of the Aboriginal women within the Community.
- Port Augusta Remembrance Day. The DAHW spoke in regards to dealing with grief.
 - to acknowledge the impact of grief and how it may affect diabetes management
 - provide support and assistance to clients
 - to provide a culturally appropriate service that acknowledges the diverse methods used by Aboriginal people when dealing with death, sorrow and grief.

The following information was recorded on the CME Data Program:

- 2180 female client contacts
- 675 male client contacts
- 2855 services were provided to diabetic clients.
- services provided collected and recorded on CME

Table 3.1 Services provided 2004-2005, Diabetes Program

Assessment/reassessment	6
Cross referral assessment	2
Check visits	12
Counselling/support therapy (centre based)	5
Nursing services (clinic based)	57
Social support	16
Equipment delivery	28
Equipment collection	163
Equipment review	24
Transport services direct	70
Transport return trip	1
Abortive visit	118
Education and information (one to one)	750
Mutual support/education information (groups)	101
Professional support	44
Care coordination	44
Face to face health promotion	59
Data management activities	452
Providing skills to community	22
Community support/advocacy	113
Contact with relatives/carers regarding client	80
Interaction with other service providers regarding client	312
Report writing/clinical notes	104
Travel time	216
Administration	13

GAPS AND UNMET NEEDS

The unmet need in the Diabetes Program is the large number of clients within the program and only one DAHW. The other gap is the lack of an identified male Diabetes Health Worker which can sometimes present cultural barriers. Diabetics receive dental and oral care, as tooth/gum infections increase blood sugar levels. This has a huge affect on the health and wellbeing of all diabetic clients. PWHS provides a dental health service for clients who have either a health care or pension card. However, at present there is no specific allocation of dental funds for diabetic Aboriginal people. Aboriginal diabetic clients who are either middle or low income earners are unable to afford adequate dental care when faced with dental and gum problems.

CONCLUSION

It is recommended that to ensure improvement of quality of diabetic clients, the service needs to make every effort to seek additional funding for a dental service specifically for all diabetics.

The Diabetes Program would like to acknowledge and thank Clinical Aboriginal Health Workers, Henry Dalgety and Tracey Reid. Their contribution has been extremely valuable to the Diabetes Program. They have assisted with triage, screening, assessments, taking of bloods, referring clients to the program and providing general support to the DAHW.

The Diabetes Program is a challenge however it has been extremely rewarding, the DAHW has continued to provide culturally appropriate and professional service to the diabetic clients of the service.

ENHANCED PRIMARY CARE COORDINATOR

from Moira Hayes

Funding was received in April 2004 to employ Jan-Marie Grantham as the first EPC Coordinator. She began working in May 2004 on a new pilot program that focused on quality improvements in enhanced primary health care in the areas of chronic disease and aged care.

The EPC or CIP initiative was launched from a Chronic Disease Conference held in Cairns in June 2004 and was followed up by a workshop in Adelaide in July 2004. A significant source of information about EPC items was provided through Anna Leditsche from the Aboriginal Health Council of South Australia.

In January 2005, following Jan-Marie Grantham's relocation to Western Australia, I was appointed to the position she had vacated. The journey has been an interesting one with my education and knowledge being developed every day. I particularly want to acknowledge the support provided from Linda Dawson and Angela Dufek the EPC coordinators at Ceduna and Port Lincoln Health Services who have collectively really turned on the lights for me.

Over this past 12 months the EPC items have been introduced into the daily operations of Dartmouth Street clinic and to a lesser extent in the Davenport, Nepabunna and Copley Clinics. The Flinders Tool for chronic disease self-management has been incorporated into our care plans and key staff have been given education on this and *Medical Director*.

We continue to perfect the service delivery model and have revised the Adult health check and aged assessment forms to meet requirements set out by the Department of Health and Aging.

Capacity building, formal and informal training and development remain embedded in our strategic direction and include weekly education sessions for all AHWs.

We apply a two fold approach whereby adult and aged care assessments are carried out for targeted groups, as well as being an opportunistic process when patients are presenting for any reason.

The model has been further developed to include the introduction of mobile health units that conduct home visits where staff raise awareness about preventative primary health care and conduct initial assessments.

Health promotion and education are undertaken through sessions in the clinics, regular displays in waiting room, radio health promotion conforming to calendar of events and informing clients of EPC items.

FACING BARRIERS

Some of the barriers faced in the delivery of enhanced primary care include:

- reluctance of some to embrace the model and process
- direct impact of increased number of morbidity cases in port augusta in short period of time.
- grief and loss issues impacting upon the Community and staff employed at PWHS.
- the requirement for GPs to accept and embrace the increased work involved with Care Planning

TRAINING UNDERTAKEN

Training undertaken throughout the year includes the following activities:

- weekly clinical and up skilling in services for AHWs
- two day diabetic education by QEH staff conducted twice to train program staff and clinic staff
- training of program/clinic staff of Flinders Model of CCSM
- training of program/clinic staff in care planning using *Medical Director* software and disease specific care planning templates
- in service conducted with clinic staff re adult health checks, aged health assessment and process, benefits and information of care plans provided for staff and clients
- in-services facilitated by drug companies for clinical staff
- outreach visits to Nepabunna to educate and assist staff with adult health checks and aged health assessments and clinical procedures.

The development and implementation of a triage system using a checklist which identifies the need for Adult health checks, aged health assessments, care plan and review as well as need for Immunization, or referral to our program workers for follow up. This form sits in the very front of the client's case notes.

ADVANTAGES

- easy to use form, easy reference by other health workers acts to identify needs or past referrals
- systematic approach to triaging clients in structured manner
- undertaken daily at beginning of day and throughout day by AHW for unplanned appointments.
- takes approximately five minutes for each client so even in a busy clinic, the can be undertaken.

A random audit of 30 clients identified short falls in some areas, which have been addressed. A secondary audit will be repeated in six months across a larger number of case notes as a further quality enhancement tool.

Working closely with the Sharing Health Team has provided health promotion and education sessions for the Community. Scheduled outreach visits to Nepabunna and Copley have facilitated adult health checks and aged health assessments whilst an eye health survey collects valuable data and statistics that will be used to improve future service delivery around eye health. The Outreach Clinic educates and supports Aboriginal Health Workers in the area of EPC items and helps both the act as a valuable resource.

The EPC and Sharing Health Team have established collaborative partnerships with other agencies such as Miriam High Special Needs, Leigh Creek Hospital, diabetic educators, dieticians and a podiatrist to enhance the provision of services in the rural and remote areas.

PWHS also works closely with Julia Vnuk (Divisions of General Practice) to ensure that a system is in place for Aboriginal clients who use mainstream GPs to access EPC services.

Dartmouth Street Clinic is fortunate to have the services of a diabetic educator once per month to assist the Aboriginal Diabetic Health Worker with chronic diabetic clients who need to monitor, manage and maintain their HB1C levels.

We have secured the services of a visiting podiatrist every 2nd week to review our clients in a culturally appropriate environment where they may feel more comfortable to discuss their respective conditions.

An incontinence nurse came to PWHS but the service was not well utilized by our clients so it was discontinued. This service will be used, however, for Women's health promotion and education sessions.

BASELINE DATA

- random audit of 30 clients case notes
- monthly statistics of EPC items undertaken
- cause of death audit to commence in August 2005 (This will be a very time consuming audit and three staff members have been recruited to undertake this.)
- collection of statistical data of chronic disease from *Medical Director* – based on medications/ symptoms/condition – to plan future health promotion and education activities
- Audit and analysis of Eye health questionnaire undertaken in remote area with view to have regular visits to both Nepabunna and Copley clinics as current service at The Leigh Creek Hospital not well utilised by our clients.
- 12-month cycles of care register under review to refine and capture all our diabetic clients, not just those that present to clinic.

The service undertook a *process mapping* exercise on August the 5th 2005. The journey of a patient was mapped in order to implement a model of continuous improvement and qualitative principles that improves the client's access and flow through the various aspects of service delivery.

HACC REPORT

from Cheryl McKenzie

The Home and Community Care Program is for the Aboriginal population of Port Augusta and Davenport Community. The program commenced operation in June 1987 and is resourced with a coordinator and a female and male age care worker.

The HACC program delivers Home Help and Domiciliary care to referred clients, provides advocacy in dealings with other organisations and plays a critical role in educating the wider Community about the needs and cultural aspects of the aged and clients with disabilities.

The key thrust of this program is to maintain the frail, elderly and clients with disabilities in their own homes for as long as possible, delaying admissions to aged care facilities like Wami Kata, Nerrilda and Ramsay Village. HACC program also provides support for the carers of the clients.

We have 60 active clients receiving different levels and support services in their homes. Service activities include:

- access and delivery of medication
- home/help (basic domestic duties)
- home/visit
- transport
- Mai run etc
- social activities

HOW TO GET SERVICES FROM THE HACC PROGRAM

HACC will receive referrals to the program from: family members, friends, yourself, health services or your doctor. Once the referral is received, the coordinator will arrange a time with you to do a home visit and assess your needs of services.

HAAC has the capacity to finance the delivery of ten meals per day as part of a MAI service that provides nutritious and culturally acceptable meals to our clients.

HACC clients that are in need of a meal and cannot receive one from Pika Wiya are advised and referred to other food services, for example, hospital meals on wheels program with payment responsibilities being that of the client.

In October 2004 statewide funding was available for organizations to have a social event for the elderly Community in Port Augusta. Pika Wiya had a barbeque at Homestead Park and about 20 clients attended. For those clients who could not attend because of illness, staff delivered meals to their homes. The barbeque was deemed to be a successful event.

HACC staff attended the eighth state indigenous HACC forum at Victor Harbour on Nov 30/11/04-Dec 3/12/04. The forum included selecting training of our choice and sharing information with other HACC staff about how services work best in their respective communities. Training topics that were available through the forum included:

- age rights
- service standards
- disability services

- Alzheimer's
- managing incontinence.

Janine Haynes who is the Manager of the State Aboriginal Elders Committee of SA expressed concerns that the elders in Pt Augusta didn't appear to have a voice as a group and believed that they were missing out on Community information that could benefit them in terms of services. Cheryl McKenzie as the HAAC Coordinator will advise and support elders with their meetings if requested.

It is important for the elders to conduct monthly meetings and invite guests to speak about service delivery and develop a better understanding about what is available within their local Community. It is also very important to have a platform where they can raise and discuss concerns that affect their daily lives. I would like to encourage all the elders over 60 years to attend these meetings and share some lunch together. For any client wishing to attend these meetings transport will be made available.

Please ring Cheryl McKenzie at Pika Wiya on 86429999 for more information regarding the elders meetings.

DOMICILIARY CARE

The social worker and the HACC Coordinator contact clients to arrange a suitable time and place to conduct a home visit. Domiciliary Care and Pika Wiya Aged Care work closely together to keep the clients safe in their homes.

Elderly clients have raised concerns about the accounts they have been receiving monthly from Domiciliary Care re their equipment [walking frame]. The clients have been referred to the social worker at Domiciliary Care for an assessment so they can have their equipment account waived.

Once assessed, clients won't have to worry about paying an account. Clients have been placing themselves at risk in their homes by sending the equipment back because of the cost. Once this process is complete, the clients should not receive a bill from Domiciliary Care for 12 months.

Equipment that clients request to keep themselves safe in the home includes:

- rails in the toilet / bathroom
- ramps
- walking frames
- shower chair/ toilet frame etc

FUNDING

We have just received the funding that was approved last financial year for the HACC clients to plan some social activities for the year, such as a barbeque. The clients now need to have an input into where they want to go for their social activities.

Pika Wiya has received funding to lease another work vehicle for the Aged Care Coordinator, which will enable the coordinator to be more efficient and ensure that the clients are receiving appropriate services.

Other duties include:

- Whyalla trips
- contact with clients
- social activities
- home/visits
- community meetings
- networking with other agencies

ELDERS' MONTH

HACC staff and clients enjoyed a barbecue at Homestead Park for Elder's Month in October. The event was a success and the clients enjoyed the day. Clients who couldn't attend on the day because of a illness were delivered a meal in their homes by HACC staff.

The elders did request to have a cultural event in the bush for their next social activity.

The HACC program encourages flexible service delivery and a suitable mix of services to meet the needs of individuals. We also encourage family involvement.

Overall we had a busy year and our one to one client contact from 31/7/04 to 31/07/05 was 7500.

HEALTHY LIFESTYLE & SEXUAL HEALTH PROGRAM

from Henry Dalgety

Having commenced in this program on the 6th December 2004 I have walked a steep learning path and I still have lots to learn. The program has taken on a new direction where there is an emphasis on healthy lifestyles as well as sexual health issues for men. I am the designated officer and divide my time between three defined days in the clinic attending to men's health issues and the other two days promoting the sexual health message.

That includes issues such as safe sex, domestic violence, drug and alcohol abuse and sexual transmitted infections.

Much of my attention has been focused on high risk groups and individual screenings to determine the general status of men's health. I work primarily from the Town Clinic but will be building stronger relationships within the Davenport Community over the coming months. This will be done through supporting Dr Andy Killcross, who will be commencing adolescent health clinics at Davenport on the first Wednesday of each month.

I continue to promote safe responsible sexual activity through education, raising awareness and the distribution of condoms. On a one to one basis I educate individuals about reducing the known risk factors that reduce the spread of HIV and other sexually transmitted diseases.

One of the most important unmet gaps in Aboriginal health is the lack of drug and alcohol workers and infrastructure. It is well known that violence and the spread of sexually transmitted diseases and unplanned pregnancies are often alcohol or drug related.

I am screening between 60 and 100 clients per month. Cardiovascular, diabetes and kidney problems remain high amongst Aboriginal adults. My message is to come into the clinic, have an adult health check which can identify health problems that may have been unchecked or provide few symptoms. Early intervention can address a small problem before it escalates into something serious or life threatening.

Partnerships have been established between Dr Andy Killcross (RFDS), Dave McRae (Social Vision Unit), Karen Wallace (PASS), Sally Edwards (FFNCHS) and Doraleen Warrior (PWHS). Collaboratively we are planning a youth disco as part of the activities of Sexual Health Awareness Week sometime between 14th and the 21st February 06.

IMMUNISATION REPORT

from Jan Riordan

INTRODUCTION

The Immunisation Program has had a rewarding and busy year with many clients receiving a vaccination over the last 12 months. The Program continues to provide all immunisation services to both children and adults.

GOALS

The goals of the Program are to:

- increase awareness and participation of maintaining immunisation status
- improve immunisation % rates of fully immunised children
- reduce the percentage of respiratory disease in Aboriginal people
- reduce the incidence of meningococcal C disease in the Community
- provide a culturally appropriate service for Aboriginal families.

PRIORITIES

The priorities of the Program are to:

- provide a preventative health service by developing a regular, reliable and efficient immunisation service to all Aboriginal children and adults within the PWHS area.
- develop, promote and provide immunisations to the specific target population in the PWHS area, a population which has high rates of influenza and pneumococcal disease
- improve the health and well-being of Aboriginal families
- maintain an immunisation register and recall system and continue the high % rates of fully immunised children as per the NHMRC (National Health & Medical Research Council) recommended immunisation schedule
- Maintain efficient and reliable ordering and cold chain storage of vaccines in the vaccine fridge.

ACHIEVEMENTS AND OUTCOMES

The percentage rate of fully immunised children under seven years at PWHS is currently 96.4% in May 2005. Immunisation data is sent into the Australian Childhood Register(ACIR) electronically as children are immunized. By maintaining the % rate over 90% PWHS receives bonus payments under the General Practice Immunisation Incentive (GPII) Scheme.

Since February 2004 Pika Wiya HS have been able to claim a Medicare payment for all clients who are provided an immunisation service.

The Influenza/Pneumococcal Campaign was successful with 508 clients immunised since the program began on March 9th 2005. The campaign was promoted by the local TV advertisement showing PWHS Health Workers, Umewarra Media, lunches (outreach areas) and posters.

Aboriginal families are increasing their awareness of preventative health measures and are keen to keep themselves and their children immunised.

INNOVATIVE APPROACHES AND RECENT INITIATIVES

The Immunisation Program currently runs three Programs within the PWHS under NHMRC guidelines. These are:

- 1 Current NHMRC Scheduled Immunisation Program
- 2 Meningococcal C Program 1-19 years
- 3 Influenza/Pneumococcal Program (Adults)

The Infant Pneumococcal Program changed on 1 January 2005 to involve all infants instead of just the Aboriginal children and is part of the National Vaccination Schedule. The Adult Influenza/Pneumococcal Program provided an outreach service to PA Gaol, Copley, Nepabunna, Wami Kata, Davenport, Women's Centre, Nunyara-Whyalla. Kerryn Dadleh (clerical) assisted on the Outreach trips.

A medical practitioner from within the Health Service has been dedicated to the Immunisation Program and facilitates with the PWHS staff to provide the best immunisation service that is culturally appropriate to all Aboriginal people. My CPR skills are updated each year.

The SA Immunisation Unit have updated the Standing Drug Orders (SDO). PWHS have endorsed these SDOs, signed by the Chief Executive Officer, medical officer and registered nurses for another 12 months. These orders enable the RNs to immunise clients without a direct doctor's order.

Adult diphtheria and tetanus vaccinations have been given to many of the over 50 year old clients, who have not been updated for many years.

The SA Immunisation Unit received funding to upgrade some of the vaccine fridges around the local council offices. PWHS was offered funding to update the fridge at Davenport Clinic. The new vaccine fridge arrived in May 2005.

FUTURE CHANGES

From 1 November 2005 some major changes are happening to the immunisation schedule. These include:

- Varicella (Chickenpox) vaccine will be free to children at 18 months and Year 8. There will also be a catch-up Schedule for children between these ages. Children who have had Chickenpox disease will not require the vaccine as the disease gives a lifetime immunity.
- Oral polio vaccine will change to Inactivated Polio injection vaccine. This will be given in combination with some other vaccines.
- Hepatitis A vaccine for Aboriginal children five years and under will be offered in two doses from 12 months of age and a second dose six months later. This vaccine will be provided only in South Australia, Queensland, Northern Territory and Western Australia.

CONCLUSION

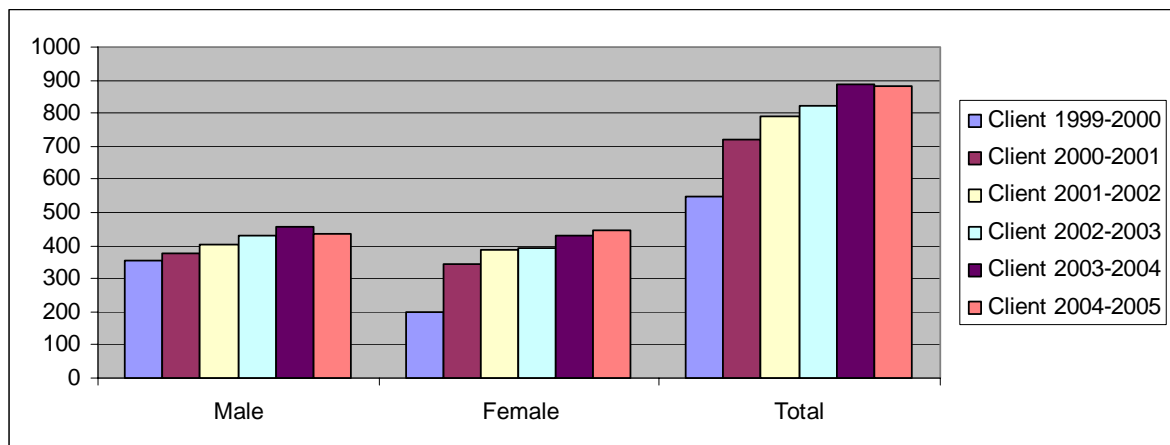
The Immunisation Program continues to change as the NHMRC reviews the Childhood Immunisation Schedule each year and adjusts the other immunisation programs. The 2004/2005 year has been successful at maintaining our high percentage of fully immunised children and continuing to increase the numbers in the flu/pneumococcal Campaign. Changes to the Childhood Immunisation Schedule continue to make it important to keep this Immunisation Program running and to keep Parents informed of the different vaccines available and maintain the current Schedule.

PIKA WIYA HEALTH SERVICE VACCINE STATISTICS BY GENDER 01 JULY, 1999 TO 30 JUNE, 2005

These figures represent active clients who have received one or more vaccinations per year.

Table 3.2 Clients attending, by gender

Client						
Attend	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005
Male	353	375	403	430	459	437
Female	197	345	386	392	430	444
Total	550	720	789	822	889	881



PIKA WIYA HEALTH SERVICE VACCINE STATISTICS

01 JULY, 1999 TO 30 JUNE, 2005

The figures represent a breakdown of the total number of vaccines given to clients each year.

Table 3.3 Vaccinations provided 1999-2005

Vaccine	1-Jul-1999	1-Jul-2000	1-Jul-2001	1-Jul-2002	1-Jul-2003	1-Jul-2004
Given	30-Jun-2000	30-Jun-2001	30-Jun-2002	30-Jun-2003	30-Jun-2004	30-Jun-2005
ADT	16	27	24	34	35	126
FLU	274	401	444	470	478	527
HBP	97	84	32	12	5	3
HBT	18	7	0	0	0	0
IFX	211	219	126	110	67	52
PED	133	153	138	139	169	138
PN	75	112	214	142	302	219
PRX	97	148	134	119	112	123
SAB	168	265	214	197	234	187
T	1	0	1	0	0	0
HBA	0	11	42	63	17	17
IFXB	0	68	123	133	178	134
PV	0	0	0	142	172	139
MEN	0	0	0	210	259	124
TWXA	0	0	0	1	0	0
TY	0	0	0	0	1	0
VV	0	0	0	0	1	0
Total	1090	1495	1492	1772	2030	1789

KEY TO VACCINE CODES

ADT=Adult Diphtheria and Tetanus

PED=Haemophilus Influenza Type B (PRP-OMP)

HBA=Hepatitis B (adult) + ENGA (adult) + HBVA (adult) + TWXA (adult)

PN=Pneumococcal Vaccine

HBP=Hepatitis B (paediatric) + ENGP (paediatric)

PV=Pneumococcal Vaccine Prevenar 7vPCV

FLU=Influenza Vaccine + FRX + FVX+VGP

SAB=Oral Polio Vaccine + IPV

HBT=Haemophilus Influenza Type B (HbOC)

TA=Diphtheria, Tetanus & Pertussis

IFX=Diphtheria, Tetanus & Pertussis - acellular

T=Tet-Tox

IFXB=DTPa & HepB combined

TWXA=Twinrix - Adult

MEN=Meningococcal "C" Vaccine MJUG + MTEC + NVC

TY=Typhoid

PRX=Measles, Mumps & Rubella + MMR

VV=Varicella Vaccine (Chickenpox)

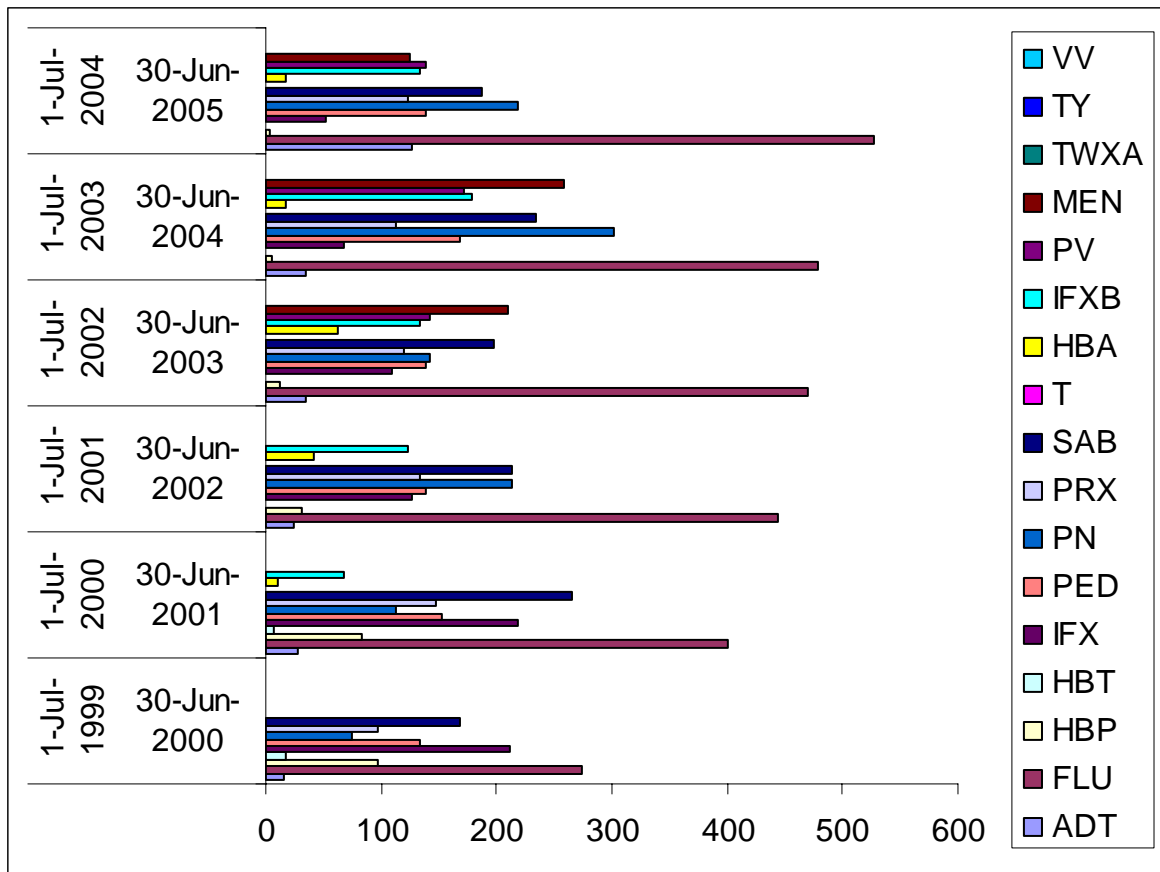


Figure 3.1 Graphic representation of vaccinations provided 1999-2005

PIKA WIYA HEALTH SERVICE VACCINE STATISTICS COMPARISON FROM 01 JULY, 2003 TO 30 JUNE, 2005

These figures represent a breakdown of the total number of vaccines given to clients each year.

Table 3.4 Vaccinations 2003-2005

Vaccine	1-Jul-2003	1-Jul-2004
Given	30-Jun-2004	30-Jun-2005
ADT	35	126
FLU	478	527
HBP	5	3
HBT	0	0
IFX	67	52
PED	169	138
PN	302	219
PRX	112	123
SAB	234	187
T	0	0
HBA	17	17
IFXB	178	134
PV	172	139
MEN	259	124
TWXA	0	0
TY	1	0
VV	1	0
Total	2030	1789

KEY TO VACCINE CODES

ADT=Adult Diphtheria and Tetanus

PED=Haemophilus Influenza Type B (PRP-OMP)

HBA=Hepatitis B (adult) + ENGA (adult) + HBVA (adult) + TWXA (adult)

PN=Pneumococcal Vaccine

HBP=Hepatitis B (paediatric) + ENGP (paediatric)

PV=Pneumococcal Vaccine Prevenar 7vPCV

FLU=Influenza Vaccine + FRX + FVX+VGP

SAB=Oral Polio Vaccine + IPV

HBT=Haemophilus Influenza Type B (HbOC)

TA=Diphtheria, Tetanus & Pertussis

IFX=Diphtheria, Tetanus & Pertussis - acellular

T=Tet-Tox

IFXB=DTPa & HepB combined

TWXA=Twinrix - Adult

MEN=Meningococcal "C" Vaccine MJUG + MTEC + NVC

TY=Typhoid

PRX=Measles, Mumps & Rubella + MMR

VV=Varicella Vaccine (Chickenpox)

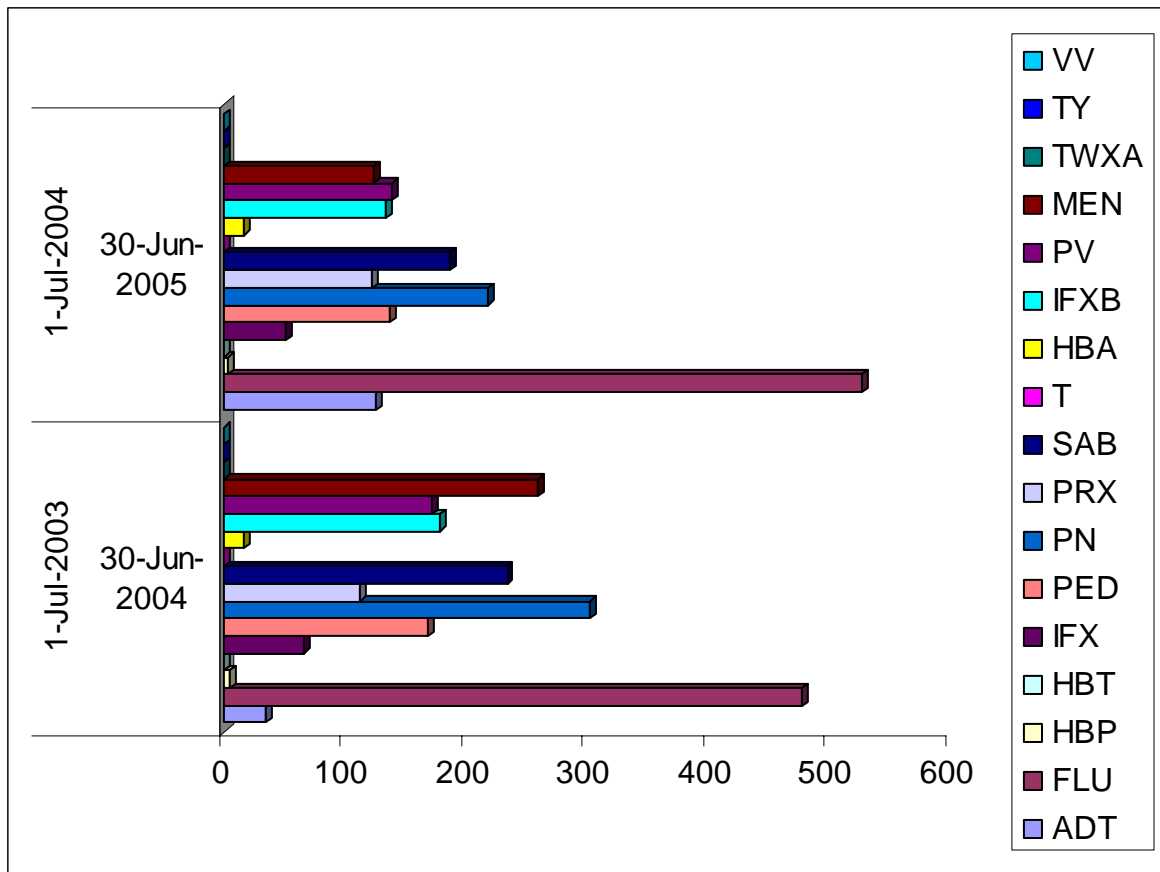


Figure 3.2 Graphic representation of vaccinations given 2003-2005

ORAL HEALTH PROGRAM

from Dr Eleanor Parker

Our Program continues to be supported through partnerships between the SA Dental Service, Spencer Gulf Rural Health School and University of Adelaide Dental School.

The past year has seen a few changes for our Program. Unfortunately we have operated most of the year without an Aboriginal Health Worker. Thanks must go to Kathy Dunham for temporarily filling this position for three months. It was great to have her input into our Program.

We welcomed Dr. Eleanore Owen to our team in March. Dr. Owen works two days a week in the adult clinic. Helen Mills continues to provide clinical services for children and health promotion activities. Chris Coulthard has doubled as our transport officer and receptionist. Dr. Eleanor Parker continues with adult clinical services and some treatment for children. Kristy Lynch, our dental assistant, has been a wonderful asset and enthusiastic team member. Unfortunately she has now moved on to Sydney.

Our Program as June 2005 consisted of:

- School Dental Clinic – 2 days per week
- Adult Dental Clinic – 2 days per week
- Health Promotion – resource development, school visits, Community events and dental student placements.

We have faced ongoing funding issues, with the majority of our Program operating without ongoing funding. We continue to explore avenues for attracting the resources that we need to ensure our Program can continue operating, with the goal of contributing to improvements in the oral health of the Community services by Pika Wiya. Hopefully we will thereby assist in improving the general health and well being of the Community.

We must thank the University of Adelaide Dental School and Spencer Gulf Rural Health School who have been supporting our previous outreach work and health promotion activities through an NH&MRC research grant.

In early November we travelled to Marree with portable dental equipment and completed dental treatment for most of the children resident in Marree at that time. We are continuing to explore options for ensuring sustainable dental services to outreach Communities such as Marree.

We have had five dental students involved in developing health promotion resources for our Program. This has been very positive. Bachelor of Oral Health students on clinical placements in Port Augusta also visit our Program to assist with health promotion activities and to increase their understanding of Aboriginal Health issues.

PIKA WIYA HEALTH SERVICE INC. DENTAL SERVICE STATISTICS 2004/05

Table 3.5 Services provided to adult clients by dentist

Number of clients	315
Total visits	602
Total treatments	1987
Failed appointments	327
Cancelled appointments	124

Services	Number	<u>KEY TO SERVICES PROVIDED CODES</u>	
Code	Provided	Short Name	Full Name
EXAM	104	EXAM	Examination
EMEX	247	EMEX	Emergency Examination
CLEAN	118	CLEAN	Cleaning
INSTR	40	INSTR	Oral Hygiene Instruction
EXTRAC	228	EXTRAC	Extraction
RCSERV	45	RCSERV	Root Canal Service
FILL	212	FILL	Filling
PRESC	67	PRESC	Drug Prescription

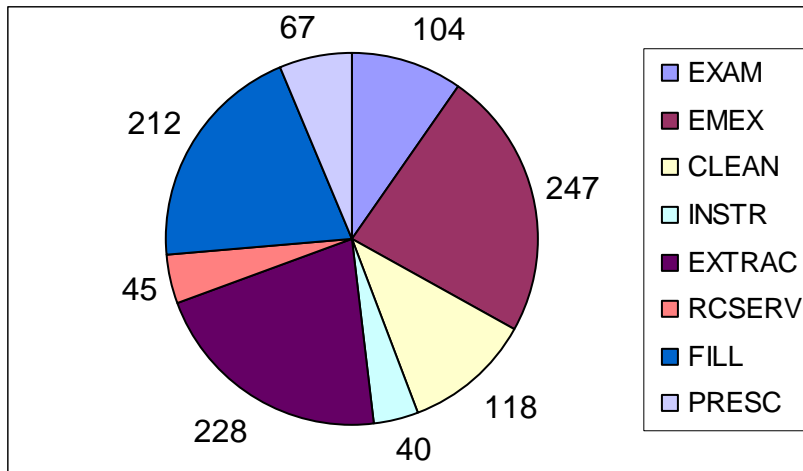


Table 3.6 Services provided by dental therapist for children only

Number of clients	257
Total visits	522
Total treatments	1564
Failed appointments	476
Cancelled appointments	210

PHARMACY REPORT

from Tamara Filmer, Consultant Pharmacist, RGH Pharmacy Consulting Services Pty. Ltd.

The pharmacy service was contracted to RGH Pharmacy Consulting Pty. Ltd. for the 2004/05 year. RGH Pharmacy Consulting have provided Pika Wiya Health Service (PWHS) with an imprest service, a pharmacist on-site for one day a week, and the availability of the information service at the Port Augusta Hospital (PAH) Pharmacy Department.

IMPREST SERVICE

Modest amounts of medication were kept on site at the four PWHS clinics. These medications were ordered by the clinic staff using a set imprest list. Orders for the Port Augusta clinics were placed on alternating weeks (ie fortnightly). Nepabunna and Copley Clinics placed orders when required.

The imprest lists have remained mostly unchanged, bar a few additions, removals and quantity adjustments. Supply under Section 100 of the *National Health Act* is taking place for the outreach sites. Supply of medications to remote area Aboriginal Health Services under the Section 100 arrangements through PAH pharmacy meant cost savings of over \$2,500 to Pika Wiya Health Service for PBS drugs supplied to Copley and Nepabunna this financial year. Overall, Davenport Clinic drug costs have been reduced slightly compared to the previous year, while there has been a small increase for the Town Clinic. Doctors were encouraged to write PBS prescriptions to be dispensed in the Community. The imprest is reserved for use when a client's financial status would be a barrier to obtaining the medication and patient's treatment is considered important.

PHARMACIST ACTIVITY

Tamara Filmer has been attending the health service one day a week for the duration of the financial year. She was a pre-registrant pharmacist up until Jan 2005. During her pre-registrant time, PWHS was not charged for this service.

The main purposes of the pharmacist's time on site have been:

- education of health workers
- health promotion to PWHS's clients
- ensuring compliance with legalities and quality use of medicines principles in regards to the management of imprest stock
- provide advice on financial measures

Weekly reports of pharmacist activity have been submitted to management.

Below is a summary of activities undertaken during the year.

- four visits to Copley Clinic which included educational talks (counseling associated with Schedule 2 medication on imprest, managing a drug room, analgesics and antipsychotics)
- three talks to health workers in the Town and Davenport Clinics
- 'What is a Drug?' and 'Cardiovascular Medications'
- visits to Davenport Clinic approximately once a month
- week long health promotion outreach trip in conjunction with Pika Wiya staff to Marree, Copley, Iga Warta, Nepabunna and Hawker in November 2004

- submission for funding to the Rural Health Support, Education and Training Program to develop a clinical resource kit
- planning for preparation of guidelines for the Clinical Resource Kits on a number of topics.
- implementation of return of unwanted medicines (RUM) procedures, including the placement of RUM bins in the four clinics and the display of posters in all clinics encouraging clients to return unwanted medicines to Pika Wiya Health Service
- acquisition of MediMate resources for display in clinics
- acquisition of QuitSA resources including anti-smoking posters, pamphlets and booklets for display in clinics
- development of a training manual and accreditation process for drivers delivering medicines to clients
- development of a protocol for the payment of the co-payment on PBS prescriptions by Pika Wiya Health Service
Posters displaying eligibility criteria were developed for the clinics.
- updated the existing head lice and scabies guidelines
- acquisition of the recently published *Medicines Book for Aboriginal Health Workers*.
- Maintenance of the stock required for head lice kits
- displayed PSA self-help shelf talkers on the health worker imprest shelves in all clinics
- organization of the clinic items section and 'drug rep' sample section of the imprest rooms
- removal of expired stock
- communication with other pharmacies in the area when required.

PAH PHARMACY DEPARTMENT INFORMATION SERVICE

The PAH Pharmacy Department (which is serviced by pharmacists from RGH Pharmacy Consulting Services Pty. Ltd.) provided a drug-information service to the pharmacist on-site and to Pika Wiya doctors, taking many enquiries at various times throughout the year.

SHARING HEALTH CARE PROGRAM ANNUAL REPORT

from Fiona Coulthard & Damian Coulthard

2004-2005 was again a rather active 12 months.

The reintroduction of our education and information sessions on Tuesdays have seen us cover subjects like:

- LIFE course which included:
 - Dealing with Difficult Emotions
 - Understanding Grief and Loss
 - Introduction to Exercise
 - Healthy Eating
 - Advance Directives
 - Reasons Why People don't do Wills.
- investigation of a sustainable model for chronic disease self management (CDSM) in rural South Australia where input was sought from participants with regards into this research project
- 'Grief and Loss' delivered by staff from our Social and Emotional Well Being Program
- 'Cultural Appropriateness of Palliative Care Services in the Aboriginal Community' – a presentation by the late Andrew Taylor, CEO of Palliative Care SA.
- A Community, Communication and Chronic Diseases session – an evening event for doctors, sponsored by the Division of GPs, Port Augusta Hospital
- Thinking SMART about Diabetes! covering all aspects of what a diabetic person has to deal with.

Professor Kate Lorig, a 'guru' of self-management from Stanford University in California requested a visit to Port Augusta, particularly Pika Wiya Health Service and this Occurred in August of 2005. Kate wanted the opportunity to meet as many of our Community members that a morning would allow on her whirlwind visit to the best part of Australia.

Cancer has been touted as one of the biggest killers of Australians. Cancer doesn't discriminate and with the lifestyle that we live today, it leaves us wondering how we can escape this type of illness. With that in mind, this Service contributed to cancer research by participating in Australia's Biggest Morning Tea – 2005, and with everyone's help we raised around \$220. A big thank you to all who donated cakes, sandwiches and soup.

Damian Coulthard and other staff members from this Service took part in cardiovascular training this year and he also recently completed his Certificate IV in Aboriginal Health Care. He was again chosen to take a lead role in the organization of Croc Fest 2005, and has been responsible for taking medical students out on outreach trips to show them the area we service and show them a little of the cultural diversity in this area alone.

Outreach trips for this Program have gained momentum and with each visit we have been able to identify another Community requiring primary health care services and support with self-management. On our most recent outreach visit we took a representative from Miriam High Special School and it is hoped that this will be a door opener for future joint ventures between our two organizations.

As a master trainer in chronic disease self-management, I have co-facilitated two training sessions in chronic disease self-management, as well as three sessions of training in the Flinders Model of Chronic Disease Self-Management, which includes motivational interviewing.

We thank those who have given their support to this Program, especially to Moira Hayes, who has carried on the work begun by Jan-Marie Grantham. Most importantly, we want to thank our Community members who manage their illnesses from day-to-day, but still find time for us.

WOMEN'S HEALTH PROGRAM

from Doraleen Warrior

The goal of the Women's Health Program is to improve the health and well being of Aboriginal women of all ages. This is based on the understanding of health within a social, physical, emotional and spiritual context.

I have been in the position as the Aboriginal Health Worker for the Women's Health Program for one and a half years, and have developed a very good rapport with the women who come to see me.

Over the year I have held Women's Health Clinics at the Davenport Community Clinic and also the Dartmouth Street Clinic. I have taken part in outreach trips to conduct Women's Clinics at Nepabunna and Copley. At all of the clinics there is a female doctor available for consultation and I also conduct educational and promotional sessions with the women.

The women's clinics are important, as this is an opportunity for the women to take responsibility of their own health with assistance from the female doctor and myself.

Transport is also made available for women to and from the clinics and at times morning tea and or lunch is supplied, as this is a great way to keep in contact with the women in a relaxed manner. As well as the clinics, I also offer support, assistance and advocate for women who need support whether it is social, physical or emotional.

The workshops and conferences that I have attended whilst in the position of Women's Health Program Coordinator are:

- Recognise & Respond to Disclosure of Rape & Assault
- Investing in Aboriginal & Torres Strait Islander Youth
- Basic Sexual Health
- Mapping Breast Cancer, Journey after Diagnosis
- Cardiovascular Health Course for AHWs
- Mandated Notification Training Module
- Diabetes Continuing Education Update
- Well Women's Workshop
- 5th Australian Women's Health Conference

I find the Women's Health Program challenging and rewarding and I look forward to making the next year even better than the last.

Table 3.7 Summary of services delivered 2004-2005, Pika Wiya Health Service Inc.

Program	Numbers of episodes
Aboriginal Liaison Officer	623
Antenatal	311
Eye health	242
Child health	242
Dental health	1044
Dental transport	326
Hearing program	1367
Immunization	507
Sharing Health Care Program	877
Special needs	1527
Women's health	758
Group episodes	
Diabetes services	2855
Diabetes transport	70
Mental health	1521
HAAC	7500
Aged health checks	49
Adult health checks	270
Care plans	26
Overall transport provided at PW	7611
Total clinical episodes	10776
Clinical episodes CHC	7957
Davenport	2146



Pika Wiya Health Service Inc.

reports from
Finance

FRAUD

As per Public Sector Management Regulation 18.

Instance. Investigation underway into anomalies and discrepancies in travel and vehicle usage/costs.

Control strategies introduced. Changes in established protocols that include signed acquittal of all employee travel advances will minimise the potential for overpayments and duplications.

Tighter regulation of vehicle movements and travel logs have been introduced, including random audits of fuel purchases with vehicle movement logs.

PIKA WIYA HEALTH SERVICE INC
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2005

	Note	2005 \$'000	2004 \$'000
EXPENSES FROM ORDINARY ACTIVITIES			
Employee Expenses	4	3,910	3,357
Supplies and Services	5	1,252	1,338
Depreciation and Amortisation	6	154	112
Grants and Subsidies	7	56	206
Borrowing Costs		0	0
Net Expense Resulting from a Correction of an Error		0	0
Other	8	0	0
Total Expenses from Ordinary Activities		5,372	5,013
REVENUE FROM ORDINARY ACTIVITIES			
Fees and Charges	9	767	572
Other Grants and Contributions / Commonwealth Revenue	10	2,800	2,099
Investment Income / Interest	11	42	36
Net Gain or (Loss) from Disposal of Assets	12	33	0
Resources Received Free of Charge	10	0	0
Net Revenue Resulting from a Correction of an Error		0	0
Other	13	0	0
Total Revenue from Ordinary Activities		3,642	2,707
NET COST OF SERVICES FROM ORDINARY ACTIVITIES		1,730	2,306
REVENUES FROM / PAYMENTS TO SA GOVERNMENT			
Revenues from SA Government (DH Contributions for Provisor of General Health Services)	14	2,195	1,875
NET RESULT FROM ORDINARY ACTIVITIES		465	(431)
Extraordinary Expenses		0	0
NET RESULT BEFORE RESTRUCTURING		465	(431)
Increase / (Decrease) in Net Assets due to Administrative Resti	26	0	0
NET RESULT AFTER RESTRUCTURING		465	(431)
Non-Owner Transaction changes in Equity			
Net Effect of the Adoption of a New Accounting Standard(s)	26	0	0
Net Increase/(Decrease) in Asset Revaluation Reserve		0	0
Gain / (Loss) from Assumption of Net Assets / Liabilities of Non-Government Organisation		0	0
Net amount of each revenue, expense, valuation or other adjustment not disclosed above recognised as a direct adjustment to Equity		0	0
Total Revenue, Expenses and Valuation Adjustments Recognised Directly in Equity		0	0
TOTAL CHANGES IN EQUITY INCLUDING THOSE RESULTING FROM		465	(431)

The above Statement of Financial Performance should be read in conjunction with the accompanying Notes.

PIKA WIYA HEALTH SERVICE INC
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2005

	Note	2005 \$ '000	2004 \$ '000
CURRENT ASSETS			
Cash	15	889	595
Receivables	16	593	606
Investments / Financial Assets	17	209	0
Inventories	18	13	5
Other	21	1	0
Total Current Assets		1,705	1,206
NON-CURRENT ASSETS			
Receivables	16	90	84
Investments / Financial Assets	17	0	0
Inventories	18	0	0
Land and Improvements	19	2,214	2,400
Plant and Equipment	19	533	463
Capital Works in Progress	19	61	0
Intangibles	20	0	0
Other	21	0	0
Total Non-Current Assets		2,898	2,947
TOTAL ASSETS		4,603	4,153
CURRENT LIABILITIES			
Payables	22	276	479
Interest Bearing Liabilities		0	0
Finance Leases	28	0	0
Employee Benefits	23	528	363
Provisions	24	39	39
Other	25	0	0
Total Current Liabilities		843	881
NON-CURRENT LIABILITIES			
Payables	22	3	2
Interest Bearing Liabilities		0	0
Finance Leases	28	0	0
Employee Benefits	23	36	22
Provisions	24	89	81
Other	25	0	0
Total Non-Current Liabilities		128	105
TOTAL LIABILITIES		971	986
NET ASSETS		3,632	3,167
EQUITY			
Contributed Capital	26	0	0
Accumulated Surplus		3,632	3,167
Asset Revaluation Reserve		0	0
TOTAL EQUITY		3,632	3,167
Commitments for Expenditure	28	781	6
Contingent Liabilities and Assets	30	214	0

The above Statement of Financial Position should be read in conjunction with the accompanying Notes.

PIKA WIYA HEALTH SERVICE INC
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2005

	Note	2005 \$ '000	2004 \$ '000
<u>CASH FLOWS FROM OPERATING ACTIVITIES</u>			
Cash Outflows			
Employee Payments		(3,906)	(3,289)
Supplies and Services		(871)	(1,539)
Grants and Subsidies		(50)	(206)
Borrowing Costs		0	0
GST Payments on Purchases		(162)	(122)
GST Remitted to ATO		(247)	(254)
Extraordinary Payments		0	0
Other Payments		0	(118)
Total Outflows from Operating Activities		<u>(5,236)</u>	<u>(5,528)</u>
Cash Inflows			
Fees and Charges		739	572
Receipts from Commonwealth		2,590	2,285
Interest Received		42	36
Dividends Received		0	0
GST Receipts on Receivables		291	294
GST Input Tax Credits		206	130
Extraordinary Receipts		0	0
Other Receipts		138	217
Total Inflows from Operating Activities		<u>4,006</u>	<u>3,534</u>
Cash Flows from SA Government			
Receipts from SA Government		2,295	1,472
Payments to SA Government		(479)	0
Total Cash Flows from SA Government		<u>1,816</u>	<u>1,472</u>
NET CASH INFLOWS/(OUTFLOWS) FROM OPERATING ACTIVITIES	31	<u>586</u>	<u>(522)</u>
<u>CASH FLOWS FROM INVESTING ACTIVITIES</u>			
Cash Outflows			
Purchase of Property, Plant and Equipment		(116)	(261)
Purchase of Investments		(209)	0
Total Outflows from Investing Activities		<u>(325)</u>	<u>(261)</u>
Cash Inflows			
Proceeds from Sale of Property, Plant and Equipment		33	3
Proceeds from Sales/Maturities of Investments		0	0
Total Inflows from Investing Activities		<u>33</u>	<u>3</u>
NET CASH INFLOWS/(OUTFLOWS) FROM INVESTING ACTIVITIES		<u>(292)</u>	<u>(258)</u>
<u>CASH FLOWS FROM FINANCING ACTIVITIES</u>			
Cash Outflows			
Distributions to Government		0	0
Repayments of Borrowings		0	0
Total Outflows from Financing Activities		<u>0</u>	<u>0</u>
Cash Inflows			
Capital Contributions from Government (not operations)		0	0
Proceeds from Borrowings		0	0
Proceeds from Restructuring Activities		0	0
Total Inflows from Financing Activities		<u>0</u>	<u>0</u>
NET CASH INFLOWS/(OUTFLOWS) FROM FINANCING ACTIVITIES		<u>0</u>	<u>0</u>
NET INCREASE/(DECREASE) IN CASH HELD		294	(780)
Cash at the Beginning of the Financial Year		595	1,375
CASH AT THE END OF THE FINANCIAL YEAR	15	<u>889</u>	<u>595</u>

The above Statement of Cash Flows should be read in conjunction with the accompanying Notes.

PIKA WIYA HEALTH SERVICE INC
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2005

1 Objectives

Pika Wiya Health Service Inc. is an incorporated Health Service under the South Australian Health Commission Act of 1976.

Health Services incorporated under the South Australian Health Commission Act of 1976 are funded from various sources. Funding can be obtained from the Department of Health, the Commonwealth Government, Public Donations, Private Practice Funds, Foundations and other sources.

Users of these financial statements should note that the South Australian Government funds the major part but not the entire operations of Pika Wiya Health Service Inc.

Pika Wiya Health Service Inc. objectives are to improve the social, emotional, spiritual and physical well being of Aboriginal people through the provision of clinical and primary health care services.

1.1 Administrative Restructures

There were no administrative restructures affecting the operations of Pika Wiya Health Service Inc. during the financial year ending 30 June 2005

2 Significant Accounting Policies

2.1 Basis of Accounting

The financial report is a general purpose financial report, which has been prepared in accordance with:

- ⌘ Treasurer's Instructions and Accounting Policy Statements promulgated under the provision of the *Public Finance and Audit Act 1987* and the requirements of the *South Australian Health Commission Act 1976* ;
- ⌘ Applicable Australian Accounting Standards;
- ⌘ Other mandatory professional reporting requirements in Australia.

The financial report has been prepared in accordance with the historical cost convention, except for certain assets that were valued in accordance with the valuation policy applicable.

The continued existence of Pika Wiya Health Service Inc. in its present form, and with its present programs, is dependent upon Government policy and upon continuing appropriations by Parliament for Pika Wiya Health Service's administration and outputs.

Australia will be adopting Australian equivalents to International Financial Reporting Standards (AIFRS) for reporting periods commencing on or after 1 January 2005. Pika Wiya Health Service Inc. will adopt these standards for the first time in the published financial report for the year ended 30 June 2006.

Information about how the transition to Australian equivalents to IFRS is being managed, and the key differences in accounting policies that are expected to arise, is set out in note 3.3

2.2 Reporting Entity

Pika Wiya Health Service produces its own financial statements. The financial statements include the use of assets, liabilities, revenues and expenses controlled or incurred by Pika Wiya Health Service Inc. in its own right.

2.3 Principles of Consolidation

Pika Wiya Health Service Inc. does not have other entities under its control and therefore does not need to apply principles of consolidation.

Accounting policies are applied consistently across the economic entity.

2.4 Comparative Figures

Comparative figures have been adjusted to conform to changes in presentation in these financial statements where required.

2.5 Rounding

All amounts in the financial statements are rounded to the nearest thousand dollars (\$'000).

2.6 Taxation

Pika Wiya Health Service Inc. is not subject to income tax. Pika Wiya Health Service Inc. is liable for fringe benefits tax, and goods and services tax.

In accordance with the requirements of UIG Abstract 31 'Accounting for the Goods and Services Tax (GST)', revenues, expenses and assets are recognised net of the amount of GST except that;

- * The amount of GST incurred by the Health Service as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense
- * Receivables and payables are stated with the amount of GST included.

2.7 Revenues and Expenses

Revenue and Expenses are recognised in Pika Wiya Health Service Inc. Statement of Financial Performance when and only when the flow or consumption or loss of economic benefits has occurred and can be reliably measured.

Revenue and Expenses have been classified according to their nature in accordance with APS 13 *Form and Content of General Purpose Financial Reports* and have not been offset unless required or permitted by another accounting standard.

Revenue from disposal of non-current assets is recognised when control of the asset has passed to the buyer.

Resources received/provided free of charge are recorded as revenue and expenditure in the Statement of Financial Performance at their fair value. Goods and services received free of charge are recorded as such with the revenue being separately disclosed. Resources provided free of charge are recorded at their fair value in the expense line items to which they relate.

Grants that are received by Pika Wiya Health Service Inc. for general assistance or for a particular purpose may be for capital or operating purposes and the name or category reflects the use of the grant. These grants received by the Pika Wiya Health Service Inc. are usually subject to terms and conditions set out in contracts, correspondence, or legislation.

Grants that are provided by the Pika Wiya Health Service Inc. for general assistance or for a particular purpose may be for capital or operating purposes and the name or category reflects the use of the grant. These grants provided by the Pika Wiya Health Service Inc. to entities are subject to terms and conditions set out in contracts, correspondence, or legislation.

2.8 Revenues from / Payments to SA Government

Grants and contributions for funding are recognised as revenues when a tax invoice is raised at the request of the funding body. Control over grants and contributions is normally obtained upon their receipt.

Where money has been appropriated in the form of a loan, Pika Wiya Health Service Inc. has recorded a loan receivable.

Where money has been appropriated in the form of an equity contribution, the Treasurer has acquired a financial interest in the net assets of Pika Wiya Health Service Inc. and is recorded as contributed equity.

2.9 Current and Non-Current Items

Assets and liabilities are characterised as either current or non-current in nature. Pika Wiya Health Service Inc. has a clearly identifiable operating cycle of 12 months. Therefore, assets and liabilities that will be realised as part of the normal operating cycle will be classified as current assets or current liabilities. All other assets and liabilities are classified as non-current.

2.10 Cash

For the purposes of the Statement of Cash Flows, cash includes cash at bank and deposits at call that are readily converted to cash and are used in the cash management function on a day-to-day basis. The definition of cash in relation to the Statement of Financial Position differs slightly as it does not take into account bank overdrafts.

Cash also includes highly liquid investments with short periods to maturity that are readily convertible to cash on hand and are subject to an insignificant risk of changes in value. Cash is measured at nominal value.

2.11 Receivables

Trade receivables arise in the normal course of selling goods and services to other agencies and to the public. Trade receivables are payable within 30 days after the issue of an invoice or the goods/services have been provided under a contractual arrangement.

Other debtors arise outside the normal course of selling goods and services to other agencies and to the public. If payment has not been received within 90 days after the amount falls due, under the terms and conditions of the arrangement with the debtor, Pika Wiya Health Service Inc. is able to charge interest at commercial rates until the whole amount of the debt is paid.

Pika Wiya Health Service Inc. determines the provision for doubtful debts based on a review of balances within trade receivables that are unlikely to be collected. These are generally receivables that are 90 days or more overdue.

2.12 Inventories

Inventories are stated at the lower of cost and their net realisable value. Inventory items held for use by Pika Wiya Health Service Inc. are measured at cost, with cost being allocated in accordance with the first-in, first-out method. Net realisable value is determined using the estimated sales proceeds less costs incurred in marketing, selling and distribution to customers. Inventories include raw materials relating to providing financial management services.

2.13 Non-Current Asset Acquisition and Recognition

Assets are initially recorded at cost or at the value of any liabilities assumed, plus any incidental cost involved with the acquisition. Where assets are acquired at no value, they are recorded at their fair value. Where assets are acquired at no or nominal value as part of a restructure of administrative arrangements then the assets are recorded at the value recorded by the transferor prior to transfer.

Where the payment for an asset is deferred, the Pika Wiya Health Service Inc. measures it at the present value of the future outflow, discounted using the interest rate of a similar length borrowing.

Pika Wiya Health capitalises all non-current physical assets with a value of \$1,000 or greater in accordance with Accounting Policy Statement 2 *Asset Recognition*.

2.14 Revaluation of Non-Current Assets

In accordance with Accounting Policy Statement 3 *Valuation of Non-Current Assets*;

* all non-current physical assets are valued at written down current cost (a proxy for both the fair value and deprival method of valuation).

* revaluation of non-current assets or group of assets is only performed when the fair value at the time of acquisition is greater than \$1 million and estimated useful life is greater than 3 years.

Every three years, Pika Wiya Health Service Inc. revalues its land, buildings and leasehold improvements. However, if at any time management considers that the carrying amount of an asset materially differs from its fair value then the asset will be revalued regardless of when the last valuation took place. Non-current physical assets that are acquired between revaluations are held at cost until the next valuation, where they are revalued to fair value.

2.15 Depreciation and Amortisation of Non-Current Assets

All non-current assets, having a limited useful life, are systematically depreciated/amortised over their useful lives in a manner that reflects the consumption of their service potential. Amortisation is used in relation to intangible assets, while depreciation is applied to physical assets such as property, plant and equipment.

The useful lives of all major assets held by Pika Wiya Health Service Inc. are reassessed on an annual basis.

The value of leasehold improvements is amortised over the estimated useful life of each improvement, or the unexpired period of the relevant lease, whichever is shorter.

Depreciation / amortisation for non-current assets is determined as follows:

<u>Class of Asset</u>	<u>Depreciation Method</u>	<u>Useful Life (Years)</u>
Buildings	Straight Line	10 - 60
Leasehold Improvements	Straight Line	life of lease
Plant and Equipment		
- Medical Surgical, Dental and Biomedical	Straight Line	5 - 10
- Computing Equipment	Straight Line	5
- Power Generation and Transmission	Straight Line	30
- Other Plant and Equipment	Straight Line	3 - 20
Intangibles	Straight Line	5
Community and Heritage	Straight Lin	50

2.16 Intangible Assets

The acquisition or internal development of software is capitalised when the expenditure meets the definition and recognition criteria of an asset and when the amount of expenditure is greater than or equal to \$10,000, in accordance with Accounting Policy Statement 2 *Asset Recognition* para 23.

Capitalised software is amortised over the useful life of the asset, with a maximum time limit for amortisation of five years.

2.17 Payables

Payables include creditors, accrued expenses and employment on-costs.

Creditors represent the amounts owing for goods and services received prior to the end of the reporting period that are unpaid at the end of the reporting period. Creditors include all unpaid invoices received relating to normal operations of Pika Wiya Health Service Inc..

Accrued expenses represent goods and services provided by other parties during the period that are unpaid at the end of the reporting period and where an invoice has not been received.

All amounts are measured at their nominal amount and are normally settled within 30 days in accordance with T18 *Expenditure for Supply Operations and Other Goods and Services* after Pika Wiya Health Service Inc. receives an invoice.

Employment on-costs include superannuation contributions and payroll tax with respect to outstanding liabilities for salaries and wages, long service leave and annual leave.

Pika Wiya Health Service Inc. makes contributions to several State Government and externally managed superannuation schemes. These contributions are treated as an expense when they occur. There is no liability for payments to beneficiaries as the funds' trustees are responsible for managing the employee retirement liability. The only liability outstanding at balance date relates to any contributions due but not yet paid to the South Australian Superannuation Board (SASB).

2.18 Employee Benefits

These benefits accrue for employees as a result of services provided up to the reporting date that remain unpaid.

Sick Leave

No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees is estimated to be less than the annual entitlement of sick leave.

Annual Leave

The liability for annual leave reflects the value of total annual leave entitlements of all employees as at 30 June 2005 and is measured at the nominal amount.

Long Service Leave

The liability for long service leave was calculated using a short hand method and the benchmark number of 6 years. This short hand method was determined by the Department of Treasury and Finance after an actuarial assessment was undertaken, and was based on a significant sample of employees throughout the South Australian public health sector. This calculation is consistent with Pika Wiya Health Service Inc. experience of employee retention and leave taken.

Accrued Salaries and Wages

Liability for accrued salaries and wages is measured as the amount unpaid at the reporting date at remuneration rates current at reporting date.

2.19 Provisions

Pika Wiya Health Service Inc. is an exempt employer under the Workers Rehabilitation and Compensation Act 1986. Under a scheme arrangement Pika Wiya Health Service Inc. is responsible for the management for workers rehabilitation and compensation and is directly responsible for meeting the cost of workers' compensation claims and the implementation and funding of preventive programs.

Although the Department of Health provides funds to Pika Wiya Health Service Inc. for the settlement of workers compensation claims, the cost of the claims are met directly by Pika Wiya Health Service Inc. and are thus reflected as an expense from ordinary activities in Pika Wiya Health Service Inc. financial statements.

The liability provision for workers compensation claims is based on an actuarial assessment performed by the Public Sector Occupational Health and Injury Management Branch of the Department of Administrative and Information Services. The liability includes claims incurred, but not yet paid, incurred but not reported and the anticipated direct and indirect costs of settling those claims. The liability for outstanding claims is measured as the present value of the expected future payments reflecting the fact that all the claims do not have to be paid in the immediate future.

With respect to the workers compensation liability, Pika Wiya Health Service Inc. includes an amount receivable for the claims which are funded by the Department of Health.

2.20 Special Purpose Funds

Pika Wiya Health Service Inc. receives Special Purpose Funds under grant funding arrangements with the Department of Health, the Commonwealth Government. The amounts are controlled by the Health Service and used to help achieve the Pika Wiya Health Service Inc. objectives, notwithstanding that specific uses can be determined by the grantor or donor. Accordingly, the amounts are treated as revenue at the time they are earned or at the time control passes to Pika Wiya Health Service Inc.

2.21 Leases

Pika Wiya Health Service Inc. has not entered into finance lease and operating leases.

2.22 Professional Indemnity and General Public Insurance

Professional Indemnity and General Public Liability claims arising from Pika Wiya Health Service Inc. operations are managed as part of the State Government Insurance Program. Pika Wiya Health Service Inc. pays an annual premium to the Department of Health. The Department of Health and the South Australian Government Captive Insurance Corporation (SAICORP) are responsible for meeting the cost of any claims. Consequently no provision for these claims is recognised in Pika Wiya Health Service Inc. financial statements.

3 Change in Accounting Policies

3.1 Government/Non Government Disclosures

In accordance with APS 13, Pika Wiya Health Service Inc. has included details of revenue, expenditure, financial assets and financial liabilities according to whether the transactions are with entities internal or external to the SA Government in a note to the accounts.

3.2 Interest Free Loans

In accordance with APS 17, where government assistance loans have been provided for 99 years, they have been expensed.

3.3 Impact of Adopting Australian Equivalents to International Financial Reporting Standards

The Australian Accounting Standards Board (AASB) will be adopting Australian equivalents to International Financial Reporting Standards (AIFRS) for reporting periods commencing on or after 1 January 2005. The adoption of AIFRS will first be reflected in Pika Wiya health Service's published financial reports for the year ended 30 June 2006.

Entities complying with AIFRS for the first time will be required to restate their comparative financial statements to amounts reflecting the application of AIFRS to that comparative period. Most adjustments required on transition to AIFRS will be made, retrospectively, against opening retained earnings as at 1st July 2004. Pika Wiya health Service finance staff are managing the transition to AIFRS, including training of staff and system and internal control changes necessary to gather all the required financial information. Analysis of AIFRS has identified only a few accounting policy changes will be required. In some cases choices of accounting policies are available, including elective exemptions under Accounting Standard AASB 1 *First-time Adoption of Australian Equivalents to International Financial Reporting Standards*. These choices are still being analysed to determine the most appropriate accounting policy for the health Service.

Changes identified to date that will be required to the Health service's existing accounting policies include the following:

(i) Financial Instruments.

Pika Wiya Health Service will be taking advantage of the exemption available under AASB 1 to apply AASB 132 *Financial Instruments: Disclosure and Presentation* and AASB 139 *Financial Instruments: Recognition and Measurement* only from 1 July 2005. This allows the health service to apply previous Australian generally accepted accounting principles (Australian GAAP) to the comparative information of financial instruments within the scope of AASB 132 and AASB139 for the 30 June 2006 financial report.

AASB 132 is not expected to have any impact on the health service.

AASB 139 is likely to have the following impacts on the classification and measurement of financial assets and liabilities:

* financial assets held by the Health Service will be classified as either at fair value through profit or loss, held-to-maturity, available for sale or loans and receivables and, depending upon classification, measured at fair value or amortised cost.

* investments in loans and receivables and financial liabilities classifications will remain unchanged. Measurement of these instruments will initially be at fair value with subsequent measurement at amortised cost, using the effective interest rate method.

This will result in a change to the current accounting policy, under which financial assets are carried at the lower of cost and recoverable amount, with changes recognised in profit and loss.

As a result of the application of the exemption referred to above, there would have been no adjustment to classification or measurement of financial assets or liabilities from the application of AIFRS during the year ended 30 June 2005. Changes in classification and measurement will be recognised from 1 July 2005.

(ii) Property, Plant and equipment

On the initial application of AIFRS, Health Services can elect to apply the exemption in AASB 1 *First Time Adoption of Australian Equivalents to International Financial Reporting Standards*. Standards relating to the fair value of selected assets being recorded as the deemed cost at transition to AIFRS. At the date of this report no decision has been made as to whether this election will be applied.

(iii) Impairment Testing

AASB 136 *Impairment of Assets*, requires that an entity assess at each balance date whether there are any indications that an asset may be impaired. The entity should estimate the recoverable amount of the asset if any such indications exist. The impairment test for assets under AASB 136 is based on the concept that an asset's carrying value should not be greater than the recoverable amount, which is the higher of its 'value in use' and its selling value. An impairment loss should be recognised if the recoverable amount is less than the asset's carrying value. Testing of non-current assets for impairment will be undertaken by the Health Service.

If the policy required by AASB 136 had been applied during the year ended 30th June 2005, no impairment write downs in the financial statements of Pika Wiya Health Service would be expected.

As Pika Wiya Health Service has not completed its analysis of the impact of AIFRS, the expected financial effects of adopting AIFRS on the statement of financial position at 30th June 2005 are not yet known or reliably estimable in all instances. No material impacts are expected in relation to the statement of cash flows

4 Employee Expenses

	2005	2004
	\$'000	\$'000
Salaries and Wages	3,041	2,789
TVSP (refer below)	0	0
Long Service Leave	113	65
Annual Leave	269	160
Employment on-costs - Superannuation	302	256
Employment on-costs - other	0	0
Other Employee Related Expenses	185	87
Board Fees	0	0
Total Employee Expenses	3,910	3,357
	2005	2004
	\$'000	\$'000
Targeted Voluntary Separation Expenses (TVSP's)		
Amount paid to these employees:		
TVSP's	0	0
Annual Leave and Long Service Leave paid during the reporting period	0	0
	0	0
Recovery from the Department of Premier and Cabinet	0	0
Number of employees who were paid TVSP's during the reporting period	0	0

Employees whose remuneration was greater than \$100,000

For the purposes of this note remuneration means money including board fees, consideration or benefit but does not include amounts in payment or reimbursement of out of pocket expenses incurred for the benefit of the entity or a controlled entity.

	30 June 2005	30 June 2004
	No. Employees	No. Employees
\$100 000 - 109 999	0	0
\$110 000 - 119 999	0	0
\$120 000 - 129 999	0	0
\$130 000 - 139 999	0	0
\$140 000 - 149 999	0	0
\$150 000 - 159 999	0	0
\$160 000 - 169 999	0	0
\$170 000 - 179 999	0	0
\$180 000 - 189 999	0	0
\$190 000 - 199 999	0	0
\$200 000 - 209 999	0	0
\$210 000 - 219 999	0	0
\$220 000 - 229 999	0	0
\$230 000 - 239 999	0	0
\$240 000 - 249 999	0	0
\$250 000 - 259 999	0	0
\$260 000 - 269 999	0	0
\$270 000 - 279 999	0	0
\$280 000 - 289 999	0	0
\$290 000 - 299 999	0	0
\$300 000 - 309 999	0	0
\$310 000 - 319 999	0	0
\$320 000 - 329 999	0	0
\$330 000 - 339 999	0	0
\$340 000 - 349 999	0	0
	0	0

Total remuneration received or due and receivable by employees whose remuneration exceeded \$100 000 0 0

Average number of employees during the reporting period:

Note: Private Practice payments and Fee for Service arrangements are excluded as they do not form part of employee remuneration.

0 0

5 Supplies and Services

Supplies and services provided by entities within the SA Government

	2005	2004
	\$'000	\$'000
Advertising	0	0
Bad and Doubtful Debts	24	0
Brokerage Fees	0	0
Communications	0	0
Computing Expenses	12	24
Contractors - Contract Management	71	6
Consultants	0	0
Drug Supplies	47	34
Fee for Service	0	0
Finance Lease Contingent Rentals	0	0
Food Supplies	0	0
Housekeeping	0	0
Insurance	24	26
Medical, Surgical and Laboratory Supplies	0	0
Minor Equipment	0	0
Motor Vehicle Expenses	276	183
Occupancy Rent and Rates	26	33
Patient Transport	5	8
Periodical, Journals and Publications	0	0
Postage	0	0
Printing and Stationery	0	0
Rental Expense on Operating Lease	0	0
Repairs and Maintenance	9	15
Staff Training and Development	0	0
Other Supplies and Services	0	0
Total Supplies and Services – SA Government entities	494	329

Auditor Fees - Auditing Financial Reports 0 0

Auditor Fees - Other Services 0 0

Total – SA Government entities **494** **329**

Supplies and services provided by entities external to the SA Government

Advertising	15	14
Bad and Doubtful Debts	5	14
Brokerage Fees	0	0
Communications	70	65
Computing Expenses	25	49
Contractors - Contract Management	2	17
Contractors - Agency Staff	0	6
Consultants	16	20
Drug Supplies	64	80
Electricity, Gas and Fuel	35	45
Fee for Service	20	102
Finance Lease Contingent Rentals	0	0
Food Supplies	39	44
Housekeeping	30	42
Insurance	0	0
Medical, Surgical and Laboratory Supplies	41	63

Minor Equipment	32	40
Motor Vehicle Expenses	24	16
Occupancy Rent and Rates	26	32
Patient Transport	47	77
Periodical, Journals and Publications	4	10
Postage	4	4
Printing and Stationery	39	51
Private Medical Services Expenses	0	0
Rental Expense on Operating Lease	0	0
Repairs and Maintenance	25	43
Staff Training and Development	32	38
Staff Travel Expenses	46	41
Other Supplies and Services	86	68
Total Supplies and Services – Non SA Government entities ⁽¹⁾	727	981
Auditor Fees - Auditing Financial Reports	31	28
Auditor Fees - Other Services	0	0
Total – Non SA Government entities ⁽¹⁾	758	1,009
Total Supplies and Services	1,252	1,338

(1) The total may includes supplies and services paid or payable to SA Government entities where the amount paid or payable to the SA Government entity was less than \$100,000

The number and dollar amount of Consultancies paid/payabl within the following bands:	No.	2005		2004	
		\$'000	No.	\$'000	\$'000
Below \$10,000	0	0	4	4	4
Between \$10,000 and \$50,000	1	16	1	16	16
Above \$50,000	0	0	0	0	0
Total paid / payable to consultants engaged	1	16	5	20	20
The number and dollar amount of non PSM Act "personal service contract" contracts paid/payable that fell within the following bands:	No.	2005		2004	
		\$'000	No.	\$'000	\$'000
Below \$10,000	0	0	0	0	0
Between \$10,000 and \$50,000	0	0	0	0	0
Above \$50,000	0	0	0	0	0
Total paid / payable to "personal service-contractors" engaged	0	0	0	0	0
Total amount paid / payable to contractors		1	16	20	20

6	Depreciation and Amortisation	2005	2004
		\$'000	\$'000
	Depreciation		
	- Buildings and Improvements - General	45	47
	- Leasehold Improvements	1	1
	- Site Improvements	0	0
	- Buildings and Improvements - Major	0	0
	- Computing Equipment	66	23
	- Medical, Surgical, Dental and Biomedical Equipment	12	8
	- Motor Vehicles	10	17
	- Power Generation and Transmission	0	0
	- Other Plant and Equipment	20	16
	- Medical, Surgical, Dental and Biomedical Equipment - Major	0	0
	- Plant and Equipment - Major	0	0
	- Other Depreciation	0	0
	Total Depreciation	154	112
	Amortisation		
	Buildings and Improvements under Finance Lease	0	0
	Motor Vehicles under Finance Lease	0	0
	Plant and Equipment under Finance Lease	0	0
	Other Amortisation, including Intangible Assets	0	0
	Total Amortisation	0	0
	Total Depreciation and Amortisation	154	112
7	Grants and Subsidies Paid / Payable		
		2005	2004
		\$'000	\$'000
	Grants and subsidies paid/payable to entities within the SA Government		
	Research and Development	0	0
	Health Promotions	0	0
	Other	0	0
	Total Grants and Subsidies – SA Government entities	0	0
	Grants and subsidies paid/payable to entities external to the SA Government		
	Research and Development	0	0
	Health Promotions	0	36
	Other	56	170
	Total Grants and Subsidies – Non SA Government entities⁽¹⁾	56	206
	Total Grants and Subsidies	56	206
	(1) The total may include grants and subsidies paid or payable to SA Government entities where the amount paid or payable to the SA Government entity was less \$100,000		
8	Other Expenses		
		2005	2004
		\$'000	\$'000
	Other expenses paid/payable to entities within the SA Government		
	Restructuring expenses	0	0
	Other	0	0
	Total Other Expenses – SA Government entities	0	0
	Other expenses paid/payable to entities external to the SA Government		
	Cost of sales	0	0
	Other	0	0
	Total Other Expenses – Non SA Government entities⁽¹⁾	0	0
	Total Other Expenses	0	0
	(1) The total may include other expenses paid or payable to SA Government entities where the amount paid or payable to the SA Government entity was less \$100,000		
9	Fees and Charges Income		
		2005	2004
		\$'000	\$'000
	Fees and charges received/receivable from entities within the SA Government		
	Patient and Client Fees	0	4
	Other User charges	28	0
	Total Fees and Charges – SA Government entities	28	4
	Fees and charges received/receivable from entities external to the SA Government		
	Patient and Client Fees	478	337
	Residential and Other Aged Care Charges	0	0
	Private Practice Fees	0	0
	Other User charges	261	231
	Total Fees and Charges – Non SA Government entities⁽¹⁾	739	568
	Total Fees and Charges	767	572
	(1) The total may include user charges received or due from SA Government entities where the amount received or due from the SA Government entity was less \$100,000		

10 Other Grants and Contributions Received / Receivable

	2005	2004
	\$'000	\$'000
Grants and Contributions received/receivable from entities within the SA Government		
State Government Grants	40	0
Other Grants and Donations	32	0
Assets, Supplies and Services Received Free of Charge or for Nominal Value - see (i) below	0	0
Total Grants and Contributions – SA Government entities	72	0
Grants and Contributions received/receivable from entities external to the SA Government		
Commonwealth Grants and Donations	2,590	1,882
Commonwealth Aged Care Subsidies	0	0
Other Grants and Donations	138	217
Assets, Supplies and Services Received Free of Charge or for Nominal Value - see (i) below	0	0
Total Grants and Contributions – Non SA Government entities	2,728	2,099
Total Grants and Contributions	2,800	2,099
	2005	2004
	\$'000	\$'000
(i) Assets, Supplies and Services Received Free of Charge or for Nominal Value		
Land and Improvements	0	0
Plant and Equipment	0	0
Other	0	0
Total Assets, Supplies and Services Received Free of Charge or for Nominal Value	0	0

11 Interest Income

	2005	2004
	\$'000	\$'000
Interest from entities within the SA Government	0	0
Other	42	36
Total Interest Received	42	36

12 Net Gain / (Loss) from Disposal of Assets

	2005	2004
	\$'000	\$'000
Land Buildings		
Proceeds from disposal	191	3
Net book value of assets disposed	158	3
Net Gain / (Loss) from disposal of Land and Buildings	33	0
Plant and Equipment		
Proceeds from disposal	0	0
Net book value of assets disposed	0	0
Net Gain / (Loss) from disposal of Plant and Equipment	0	0
Total Assets		
Proceeds from disposal	191	3
Net book value of assets disposed	158	3
Net Gain / (Loss) from disposal of Assets	33	0

13 Other Revenue

	2005	2004
	\$'000	\$'000
Other Revenue received/receivable from entities within the SA Government		
Separation Packages Recovered / Recoverable	0	0
Other	0	0
Total Other Revenue – SA Government entities	0	0
Other Revenue received/receivable from entities external to the SA Government		
[specify]	0	0
Other	0	0
Total Other Revenue – Non SA Government entities ⁽¹⁾	0	0
Total Other Revenue	0	0

(1) The total may include Other Revenue received or due from SA Government entities where the amount received or due from the SA Government entity was less \$100,000

14 Revenue from Department of Health

	2005	2004
	\$'000	\$'000
Department of Health Contributions for the provision of general health services recognised in Statement of Financial Performance		
Recurrent Funding	2,049	1,555
Capital Funding	146	320
Total Revenues from Department of Health	2,195	1,875

15 **Cash**

	2005	2004
	\$'000	\$'000
Cash at Bank or On Hand - Non-government financial institutions	889	595
Deposits with the Treasurer	0	0
Other	0	0
Total Cash	889	595

Included in the above cash amounts are the following special purpose funds :

Accommodation Bonds	0	0
Capital Equipment Fund	0	0
Employee Salary Sacrifice Monies held by Salary Sacrifice Administrators	0	0
Nursing Home Funds	0	0
Private Practice Special Purpose Funds	0	0
Residential Aged Care Funds held in trust	0	0
Total	0	0

Special Purpose Funds are controlled by Pika Wiya Health Service Inc. and used to achieve Pika Wiya Health Service Inc. objectives. Specific uses can be determined by the grantor or donor.

16 **Receivables**

	2005	2004
	\$'000	\$'000
Current		
Patient/Client Fees		
Compensable	0	0
Aged Care	0	0
Other	80	0
DH Budget Under-run	84	0
Workers Compensation Provision Recoverable	38	0
DH Other Receivables	111	0
Interest Income Receivable	3	0
Dividend Income Receivable	0	0
Loans Receivable	0	0
Sundry Receivables	251	0
Receivables	567	548
Less: Provision for Doubtful Debts	(1)	(13)
Accrued revenues	0	0
GST Receivable	27	71
Total Current Receivables	593	606

Non Current

Patient/Client Fees		
Compensable	0	0
Aged Care	0	0
Other	0	0
DH Budget Under-run	0	0
Workers Compensation Provision Recoverable	87	0
GST Recoverable from the ATO	0	0
Loans Receivable	0	0
Sundry Receivables	3	0
Receivables	90	84
Less: Provision for Doubtful Debts	0	0
Total Non-Current Receivables	90	84

Total Receivables **683** **690**

Government / Non Government Receivables

	2005	2004
	\$'000	\$'000
Receivables from SA Government entities		
Patient/Client Fees	20	0
DH Budget Under-run	84	0
Workers Compensation Provision Recoverable	125	0
DH Other Receivables	111	0
Interest Income Receivable	0	0
Dividend Income Receivable	0	0
Loans Receivable	0	0
Sundry Receivables	14	0
Receivables	354	14
Less: Provision for Doubtful Debts	0	(2)
Accrued revenues	0	0
Total Receivables from SA Government entities	354	12

Receivables from Non SA Government entities

Patient/Client Fees	60	0
Interest Income Receivable	3	0
Dividend Income Receivable	0	0
Loans Receivable	0	0
Sundry Receivables	240	0
Receivables	303	618
Less: Provision for Doubtful Debts	(1)	(11)
Accrued revenues	0	0
GST Receivable	27	71
Total Receivables from Non SA Government entities⁽¹⁾	329	678

Total Receivables **683** **690**

(1) The total includes receivables received or due from SA Government entities where the amount received by or due from the SA Government entity was less than \$100,000.

17 Investments/ Financial Assets

	2005	2004
	\$'000	\$'000
Current		
Term Deposits:		
- Finance Institutions	209	0
- SA Government Financing Authority	0	0
Other Investments	0	0
Total Current Investments	209	0
Non Current		
Term Deposits:		
- Finance Institutions	0	0
- SA Government Financing Authority	0	0
Other Investments	0	0
Total Non-Current Investments	0	0
Total Investments	209	0
Government / Non Government Investments	2005	2004
Investments with SA Government entities	\$'000	\$'000
Term Deposits:		
- SA Government Financing Authority	0	0
Other Investments	0	0
Total Investments with SA Government entities	0	0
Investments with Non SA Government entities		
Term Deposits:		
- Finance Institutions	209	0
Other Investments	0	0
Total Investments with Non SA Government entities	209	0
Total Investments	209	0

Included in the above investment balances are the following:

Accommodation Bonds	0	0
Capital Equipment Fund	164	0
Employee Salary Sacrifice Monies held by Salary Sacrifice Administrators	0	0
Nursing Home Funds	0	0
Private Practice Special Purpose Funds	0	0
Residential Aged Care Funds held in trust	0	0
Other Special Purpose Funds - please provide details below :		
Long Service leave Provision fund	45	0
[Please specify]	0	0
Total	209	0

Special Purpose Funds are controlled by Pika Wiya Health Service Inc. and used to achieve Pika Wiya Health Service Inc. objectives. Specific uses can be determined by the grantor or donor.

18 Inventories

	2005	2004
	\$'000	\$'000
Drug Supplies	13	5
Medical, Surgical and Laboratory Supplies	0	0
Food and Hotel Supplies	0	0
Engineering Supplies	0	0
Other	0	0
Total Inventories	13	5

Land held for sale

No land is held for resale.

19 Property, Plant and Equipment	2005	2004
Land and Buildings	\$'000	\$'000
Land only Holdings (at fair value)	0	0
Site Land (at fair value)	129	209
Land - Major (at fair value)	0	0
Land at Fair Value	129	209
Buildings and Improvements (at fair value)	2,247	2,314
Buildings and Improvements - Major (at fair value)	0	0
Buildings and Improvements under Finance Lease (at fair value)	0	0
Site Improvements (at fair value)	0	0
Buildings and Improvements under Construction (Work in Progress)	61	0
Buildings at Fair Value	2,308	2,314
Accumulated Depreciation - Buildings and Improvements under finance	0	0
Accumulated Depreciation - Buildings and Improvements other than under Finance Lease	193	155
Accumulated Depreciation	193	155
Total Land and Buildings	2,244	2,368
Leasehold Improvements		
Leasehold Improvements at Fair Value	35	35
Accumulated Amortisation	4	3
Total Leasehold Improvements	31	32
Plant and Equipment		
Computing Equipment (at Fair Value)	582	437
Medical, Surgical, Dental and Biomedical Equipment (at Fair Value)	164	146
Medical, Surgical, Dental and Biomedical Equipment - Major (at Fair Value)	0	0
Motor Vehicles (at Fair Value)	154	154
Power Generation and Transmission (at Fair Value)	0	0
Plant and Equipment - Major (at Fair Value)	0	0
Other Plant and Equipment (at Fair Value)	296	281
Motor Vehicles under Finance Lease (at Fair Value)	0	0
Plant and Equipment under Finance Lease (at Fair Value)	0	0
Plant and Equipment under Construction (Work in Progress)	0	0
Total Plant and Equipment at Fair Value	1,196	1,018
Accumulated Depreciation - Computing Equipment	252	186
Accumulated Depreciation - Medical, Surgical, Dental and Biomedical Equipment	95	83
Accumulated Depreciation - Motor Vehicles	143	133
Accumulated Depreciation - Power Generation and Transmission	0	0
Accumulated Depreciation - Other Plant and Equipment	173	153
Accumulated Amortisation - Plant and Equipment under Finance Lease	0	0
Accumulated Depreciation	663	555
Total Plant and Equipment	533	463
Total Property, Plant and Equipment	2,808	2,863

Valuation of Non-Current Assets

Valuation of land, buildings, plant and equipment was performed by Adrian Rowse AAPI:CPV as at 30 June 2003.

Reconciliation of Land and Improvements

The following table shows the movement of Land and Improvements during 2004-05

	Site Land \$'000	Buildings and Improvements \$'000	Leasehold Improvements \$'000	Capital Works In Progress \$'000	TOTAL \$'000
Carrying amount at beginning of Financial Year	209	2,159		32	2,400
Additions		18		61	79
(Disposals)	(80)	(78)		0	(158)
Revaluation Increment / (Decrement)					0
(Write-off Non-Current Assets)					0
(Depreciation and Amortisation for year)		(45)		(1)	(46)
Acquisition / (Disposal) through Administrative Restructuring					0
Acquisition / (Disposal) from transfer					0
Other movements					0
Carrying amount at end of Financial Year	129	2,054		31	2,275

Reconciliation of Plant and Equipment

The following table shows the movement of Plant and Equipment during 2004-05

	Medical/ Surgical/Dent \$'000	Computer Equipment \$'000	Power Generation \$'000	Other Plant/Equipmen \$'000	TOTAL \$'000
Carrying amount at beginning of Financial Year	63	251		149	463
Additions	18	145		15	178
(Disposals)					0
Revaluation Increment / (Decrement)					0
(Write-off Non-Current Assets)					0
(Depreciation and Amortisation for year)	(12)	(66)		(30)	(108)
Acquisition / (Disposal) through Administrative Restructuring					0
Acquisition / (Disposal) from transfer					0
Other movements					0
Carrying amount at end of Financial Year	69	330		0	533

20 Intangible Assets

	2005 \$'000	2004 \$'000
Software		
Computer software	0	0
Accumulated amortisation	0	0
Total computer software	0	0

21 Other Assets

	2005 \$'000	2004 \$'000
Current		
Prepayments	1	0
Other	0	0
Total Current Other Assets	1	0
Non-Current		
Prepayments	0	0
Other	0	0
Total Non-Current Other Assets	0	0
Total Other Assets	1	0

22 Payables

	2005 \$'000	2004 \$'000
Current		
Creditors	110	423
Accrued Expenses	54	0
GST Payable to the ATO	66	22
Employment On-Costs (incl Superannuation)	48	33
DH Budget Over-run	0	0
Other Payables	-2	1
Total Current Payables	276	479
Non-Current		
Creditors	0	0
Accrued Expenses	0	0
Employment On-Costs (incl Superannuation)	3	2
DH Budget Over-run	0	0
Other Payables	0	0
Total Non-Current Payables	3	2
Total Payables	279	481
Payables to SA Government entities	\$'000	\$'000
Creditors	24	21
Accrued Expenses	2	0
Employment On-Costs (incl Superannuation)	51	35
DH Budget Over-run	0	0
Other Payables	0	0
Total Payables to Other SA Government entities	77	56
Payables to Non SA Government entities		
Creditors	86	402
Accrued Expenses	52	0
GST Payable to the ATO	66	22
Employment On-Costs (incl Superannuation)	0	0
Other Payables	-2	1
Total Payables to Non SA Government entities⁽¹⁾	202	425
Total Payables	279	481

(1) The total may include payables paid by or payable to SA Government entities where the amount paid or payable to the SA Government entity was less \$100,000.

23A Employee Benefits

	2005	2004
	\$'000	\$'000
Current		
Annual Leave	199	136
Long Service Leave	220	135
Accrued Salaries and Wages	106	90
Other	3	2
Total Current Employee Benefits	528	363
Non Current		
Long Service Leave	36	22
Other	0	0
Total Non-Current Employees Benefits	36	22
Total Employee Benefits	564	385

In the 2004-05 financial year, the benchmark for the measurement of the long service leave liability was amended based on an actuarial assessment and was revised from 7 years to 6 years.

Costs that are a consequence of employing employees, but which are not employee benefits, such as payroll tax and other similar on-costs, are recognised as liabilities and expenses when the employee benefits, to which they relate, are recognised. These employee benefit on-costs are disclosed as Payables in Note 22 as they do not accrue to employees.

23B Employee Benefits and related on-costs

	2005	2004
	\$'000	\$'000
Accrued Salaries and Wages		
On-costs included in Payables - current (note 22)	10	9
Provision for Employee Benefits (Accrued Salaries and Wages) - current (note 23A)	106	90
	116	99
Annual Leave		
On-costs included in Payables - current (note 22)	18	12
Provision for Employee Benefits - current (note 23A)	199	136
	217	148
Long Service Leave		
On-costs included in Payables - current (note 22)	20	12
Provision for Employee Benefits - current (note 23A)	220	135
	240	147
On-costs included in Payables - non-current (note 22)	3	2
Provision for Employee Benefits - non-current (note 23A)	36	22
	39	24
<i>Total Long Service Leave</i>	279	171
Other		
On-costs included in Payables - current (note 22)	0	0
Provision for Employee Benefits - current (note 23A)	3	2
	3	2
On-costs included in Payables - non-current (note 22)	0	0
Provision for Employee Benefits - non-current (note 23A)	0	0
	0	0
<i>Total Other</i>	3	2
Aggregate Employee Benefits and Related On-Costs	615	420

24 Provisions

	2005	2004
	\$'000	\$'000
Current		
Provision for Workers' Compensation	39	39
Total Current Provisions	39	39
Non-Current		
Provision for Workers' Compensation	89	81
Total Non-Current Provisions	89	81
Total Provisions	128	120
Carrying amount at the beginning of the period	120	104
Increase in the provision	8	16
Decrease in the provision	0	0
Carrying amount at the end of the period	128	120

25 **Other Liabilities**

	2005	2004
	\$'000	\$'000
Current		
Lease Incentive	0	0
Unearned Revenue	0	0
Residential Aged Care Bonds	0	0
Other	0	0
Total Current Other Liabilities	0	0
Non-Current		
Lease Incentive	0	0
Residential Aged Care Bonds	0	0
Other	0	0
Total Non-Current Other Liabilities	0	0
Total Other Liabilities	0	0
Other Liabilities with SA Government entities	\$'000	\$'000
Lease Incentive	0	0
Unearned Revenue	0	0
Other	0	0
Total Other Liabilities with SA Government entities	0	0
Other Liabilities with Non SA Government entities		
Lease Incentive	0	0
Unearned Revenue	0	0
Residential Aged Care Bonds	0	0
Other	0	0
Total Other Liabilities with Non SA Government entities⁽¹⁾	0	0
Total Other Liabilities	0	0

(1) The total may include other liabilities with SA Government entities where the amount with the SA Government entity was less \$100,000.

26 **Equity**

	2005	2004
	\$'000	\$'000
Contributed Capital	0	0
Accumulated Surplus	3,632	3,167
Asset Revaluation Reserve	0	0
Total Equity	3,632	3,167
Accumulated Surplus		
Balance at the Beginning of the Financial Year	3,167	3,598
Operating Surplus / (Deficit)	465	(431)
Increase / (Decrease) in Net Assets due to administrative restructure	0	0
Net effect of the Adoption of a New Accounting Standard(s)	0	0
Balance at the End of the Financial Year	3,632	3,167
Asset Revaluation Reserve		
Balance at the Beginning of the Financial Year	0	0
Increment/(Decrement) in Plant and Equipment due to Revaluation	0	0
Increment/(Decrement) in Leasehold Improvements due to Revaluation	0	0
Balance at the End of the Financial Year	0	0

e.g. The Asset Revaluation Reserve is used to record increments and decrements on the revaluation of non-current assets. This accords with Pika Wiya Health Service Inc. policy on the revaluation of Property, Plant and Equipment, as discussed in Note 2.14.

27 **Financial Instruments**

(a) Terms, Conditions and Accounting Policies

(i) *Financial Assets*

Cash is available at call and is recorded at cost.

Receivables are raised for all goods and services provided for which payment has not been received.

Receivables are normally settled within 30 days.

(ii) *Financial Liabilities*

Creditors and accruals are raised for all amounts billed but unpaid. Sundry creditors are normally settled within 30 days.

(b) Interest Rate Risk

Financial Instrument	2005				2004			
	Floating Interest Rate	Fixed Non-Interest Bearing	Total Carrying Amount	Weighted Avg Effective Interest Rate	Floating Interest Rate	Non-Interest Bearing	Total Carrying Amount	Weighted Avg Effective Interest Rate %
Financial Assets	\$'000	\$'000	\$'000	xx.xx	\$'000	\$'000	\$'000	xx.xx
Cash	889	0	889	4.80%	595	0	595	4.50%
Investments	209	0	209	5.60%	0	0	0	0.00%
Receivables	0	683	683		0	690	690	
	1,098	683	1,781		595	690	1,285	
Financial Liabilities								
Payables	0	276	276		0	479	479	
	0	276	276		0	479	479	

(c) Net Fair Values

Financial instruments are valued at the carrying amount as per the statement of Financial Position which approximates the net fair value. The carrying amount of financial value due to their short-term to maturity or being receivable on demand. The carrying amount of financial liabilities is considered to be a reasonable estimate of fair value.

(d) Foreign Exchange Risk

Pika Wiya Health Service Inc. does not enter into any forward foreign exchange contracts.

(e) Commodity Price Risk

Pika Wiya Health Service Inc. does not enter into any contracts to hedge commodity purchase prices.

(f) Credit Risk Exposures

Credit risk represents the loss that would be recognised if counter parties failed to perform as contracted.

The credit risk on financial assets, excluding investments, of Pika Wiya Health Service Inc. which have been recognised in the Statement of Financial Position, is the carrying amount, net of any provision for doubtful debts.

Pika Wiya Health Service Inc. does not have significant exposure to any concentration of credit risk.

28 **Commitments for Expenditure**

Capital commitments	2005 \$'000	2004 \$'000
Pika Wiya Health Service Inc. capital commitments are for construction for a clinic at Copley S.A.		
Capital expenditure contracted for at the reporting date are not recognised as liabilities in the financial report, are payable as follows:		
Not later than one year	645	6
Later than one year but not later than five years	0	0
Later than five years	0	0
Total Capital Commitments	645	6

Other Commitments

Pika Wiya Health Service Inc. other commitments are for the provision of pool cars with Fleet SA.

There are no purchase options available to Pika Wiya Health Service Inc.

Not later than one year	136	0
Later than one year but not later than five years	0	0
Later than five years	0	0
Total Other Commitments	136	0

Operating Lease Commitments

Commitments under non-cancellable operating leases at the reporting date are not recognised as liabilities in the financial report, are payable as follows:

Not later than one year	0	0
Less than one year but not later than five years	0	0
Later than five years	0	0
Total Operating Lease Commitments	0	0

Finance Lease Commitments

Not later than one year	0	0
Less than one year but not later than five years	0	0
Later than five years	0	0
Minimum Lease Payments	0	0
Less Future Finance Lease Charges	0	0
Amount recognised as a Liability	0	0
Add Lease Incentive involved	0	0
Total Finance Lease Commitments	0	0

Current	0	0
Non-Current	0	0
Total Finance Lease Commitments	0	0

29 Transferred Functions

	Transferor Entity	Transferee Entity
Revenues	0	0
Expenses	0	0
Result	0	0
Assets	0	0
Liabilities	0	0
Net Assets	0	0

30 Contingent Assets and Liabilities

Contingent Liability. - Indigenous Coordination Centre (I.C.C.) held a caveat over property sold during 2004-2005. Proceeds of sale were recorded as income but the actual proceeds were received by I.C.C. and held in trust. Pika Wiya Health Service Inc. will receive the money when proof is provided to I.C.C. that the funds will be spent on an approved Capital Works Project. Pika Wiya Health Service Inc. and I.C.C. have signed an agreement to this effect.

	2005 \$'000	2004 \$'000
Quantifiable Contingent Obligations	\$'000	\$'000
1) Proceeds from sale of property held in trust by Indigenous Coordination Centre	214	0
2)	0	0
Total Quantifiable Contingent Obligations	214	0

31 Cash Flow Reconciliations

	2005 \$'000	2004 \$'000
Reconciliation of Cash - Cash at year end as per	\$'000	\$'000
Statement of Cash Flows	889	595
Statement of Financial Position	889	595
Reconciliation of Net Cash provided by Operating Activities to Net Cost of Services:		
Net cash provided by / (used in) operating activities	586	(522)
(Less) Revenues from Government	(2,195)	(1,875)
Add/Less non cash items		
less Depreciation of Property, Plant and Equipment	(154)	(112)
less Amortisation	0	0
Revaluation increments / (decrements)	0	0
Changes in Assets / Liabilities		
Increase / (Decrease) in Receivables	(7)	450
Increase / (Decrease) in Inventories	8	(1)
Increase / (Decrease) in Other Current Assets	1	(4)
(Increase) / Decrease in Employee Benefits	(189)	(47)
(Increase) / Decrease in Payables and Provisions	220	(195)
(Increase) / Decrease in Other Liabilities	0	0
	0	0
Net Cost of Services from Ordinary Activities	(1,730)	(2,306)

32 Board of Directors and Related Party Information

The following are members of the Board of Directors of Pika Wiya Health Service Inc. who have served during the course of the reporting period:

Garnett David Brady
Margaret McKenzie
Ian Gentle
Maria Calyun
Paul Tanner
Cephas Stanley
Charles Jackson
Edith Burke
Margaret Stuart
Maxine Sultan

	2005 \$'000	2004 \$'000
Aggregate Board Fees received or receivable by members of the Board of Directors (as members of the Board only) amounted to:	0	0
The number of Pika Wiya Health Service Inc. Board of Directors members included in the above figures are shown in their relevant Board Fee bands:	No. of Directors	No. of Directors
\$ Nil to \$9,999	0	0
\$10,000 to \$19,999	0	0
\$20,000 to \$29,999	0	0
Total	0	0

Members of the Board of Directors use the services of Pika Wiya Health Service Inc. under terms and conditions no more favourable than members of the public.

No member of the Board of Directors had an interest in the provision of supplies or services to Pika Wiya Health Service Inc. during the year.

33 Events After Balance Date

No material events after balance date.

34 Schedules of Administered Funds

No administered funds exist.

**Independent audit report to the Board of Management of
Pika Wiya Health Service Inc**

**PricewaterhouseCoopers
ABN 52 780 433 757**

91 King William Street
ADELAIDE SA 5000
GPO Box 418
ADELAIDE SA 5001
DX 77 Adelaide
Australia
www.pwcglobal.com/au
Telephone +61 8 8218 7000
Facsimile +61 8 8218 7999

Audit opinion

In our opinion, the financial report of Pika Wiya Health Service Inc (“Pika Wiya”) presents fairly, in accordance with the *South Australian Health Commission Act 1976*, Accounting Standards and other mandatory financial reporting requirements in Australia, the financial position of Pika Wiya as at 30 June 2005 and the results of its operations and cash flows for the year ended on that date.

This opinion must be read in conjunction with the rest of our audit report.

Scope

The financial report and Board of Management’s responsibility

The financial report comprises of the statement of financial position, statement of financial performance, statement of cash flows, accompanying notes to the financial statements, Board of Management declaration, and the statement by the Chief Executive Officer and Principal Accounting Officer for Pika Wiya for the year ended 30 June 2005.

The Board of Management of Pika Wiya is responsible for the preparation and presentation of the financial report in accordance with the *South Australian Health Commission Act 1976*. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit approach

We conducted an independent audit in order to express an opinion to the Board of Management of Pika Wiya. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected. For further explanation of an audit, visit our website <http://www.pwc.com/au/financialstatementaudit>.

**Independent audit report to the Board of Management of
Pika Wiya Health Service Inc (continued)**

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the *South Australian Health Commission Act 1976*, Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of Pika Wiya's financial position, and its performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the Board of Management.

Our procedures include reading the other information in the Annual Report to determine whether it contains any material inconsistencies with the financial report.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

Our audit did not involve an analysis of the prudence of business decisions made by directors or management.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

PricewaterhouseCoopers

PricewaterhouseCoopers

Douglas Craig

Douglas Craig
Partner

Adelaide
28 September 2005

Independent audit report to the Board of Management of Pika Wiya Health Service Inc

Matters relating to the electronic presentation of the audited financial report

This audit report relates to the financial report of Pika Wiya Health Service Inc ("Pika Wiya") for the financial year ended 30 June 2005 included on the web site of Pika Wiya. The Board of Management of Pika Wiya is responsible for the integrity of the Pika Wiya web site. We have not been engaged to report on the integrity of this web site. The audit report refers only to the financial report identified below. It does not provide an opinion on any other information which may have been hyperlinked to/from the financial report. If users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

Audit opinion

In our opinion, the financial report of Pika Wiya Health Service Inc ("Pika Wiya") presents fairly, in accordance with the *South Australian Health Commission Act 1976*, Accounting Standards and other mandatory financial reporting requirements in Australia, the financial position of Pika Wiya as at 30 June 2005 and the results of its operations and cash flows for the year ended on that date.

This opinion must be read in conjunction with the rest of our audit report.

Scope

The financial report and Board of Management's responsibility

The financial report comprises of the statement of financial position, statement of financial performance, statement of cash flows, accompanying notes to the financial statements, Board of Management declaration, and the statement by the Chief Executive Officer and Principal Accounting Officer for Pika Wiya for the year ended 30 June 2005.

The Board of Management of Pika Wiya is responsible for the preparation and presentation of the financial report in accordance with the *South Australian Health Commission Act 1976*. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

**Independent audit report to the Board of Management of
Pika Wiya Health Service Inc (continued)**

Audit approach

We conducted an independent audit in order to express an opinion to the Board of Management of Pika Wiya. Our audit was conducted in accordance with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected. For further explanation of an audit, visit our website <http://www.pwc.com/au/financialstatementaudit>.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the *South Australian Health Commission Act 1976*, Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of Pika Wiya's financial position, and its performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the Board of Management.

Our procedures include reading the other information in the Annual Report to determine whether it contains any material inconsistencies with the financial report.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

Our audit did not involve an analysis of the prudence of business decisions made by directors or management.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

PricewaterhouseCoopers

PricewaterhouseCoopers

Douglas Craig

Douglas Craig
Partner

Adelaide
28 September 2005

