



**ANNUAL REPORT
FOR YEAR
2003 TO 2004**

PIKA WIYA HEALTH SERVICE INC



ANNUAL REPORT FOR YEAR 2003 TO 2004



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 2003 to 30th June 2004.

Yours sincerely

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

21st September 2004

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. Four key goals as identified in the three year Strategic Plan of July 2002 to June 2005 are:

- 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.
- Advocate and review the health system and service delivery for Aboriginal Health.

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.

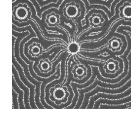
Key objectives. Key objectives are:

- 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.

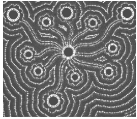
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Pika Wiya Health Service Inc.



**REPORTS FROM
ADMINISTRATION & MANAGEMENT**



CHAIRPERSON'S REPORT 2003-2004

MARGARET MCKENZIE, DEPUTY CHAIRPERSON

It gives me great pleasure to present the Pika Wiya Health Service Annual Report for 2003 – 2004. During this year we have had some additions to the Board that I believe have made it a good mix of experience and new enthusiasm. This combination signals some exciting times ahead for Pika Wiya Health Service.

I am happy to report that significant progress has been made in terms of reviewing and implementing an organisational structure that is more reflective of the holistic requirements of the service. The review has refined the operations to include three main areas: Administration, Clinical Services and Specialist Programs. In the past we have focused heavily upon service delivery, which is as always our most important priority, but have struggled to meet increasing reporting requirements.

One of the highlights of this year has been the development of particular actions from our three year strategic plan. The resultant action plan is part of a transitional move towards a single reporting framework that will marry the actions, reporting and accountability into one document.

This year the Davenport and Dartmouth Street Clinics have commenced an Enhanced Primary Health Care Model that focuses on health screenings for early detection, intervention and care planning. We hope to revolutionise health care and improve the morbidity and mortality rates of our people.

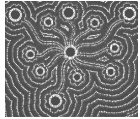
The Capacity Building Strategy that has this year been applied for all of our Health Workers has had a double benefit. Not only are their skills and capabilities greatly enhanced, their confidence about what they know they can competently undertake has greatly improved.

Another highlight of the year has been a major information technology upgrade right throughout the region. This upgrade will facilitate more comprehensive data collection and patient record capability in all sites.

As always we continue to seek collaboration and cooperation with other agencies, departments and health care providers in order to strengthen our holistic commitment to the health and wellbeing of our people.

I would like to thank all of our funding bodies, both State and Federal, for their financial and moral support which is very much appreciated. I would also like to thank all those who have contributed towards the realisation of our vision of striving to improve the social, emotional, spiritual and physical well being of all Aboriginal people.

The Board looks forward during 2004 to formal celebrations of the journey our Health Service has taken and its future direction.



CHIEF EXECUTIVE OFFICER'S REPORT

CEPHAS STANLEY, CHIEF EXECUTIVE OFFICER

This year has witnessed a lot of changes to the way Pika Wiya goes about delivering its business to the wider community. This is attributed to the fact that we are moving towards a proactive prevention and education model that manages health and wellbeing in a way that is understood and accepted by our clients. Health assessments and health care plans will be offered as part of standard business to every client that attends our Service. This will enable our staff to explain and recommend the direction that we would like to take, which will lead to better health outcomes and a healthier lifestyle for all.

DATA/INFORMATION TECHNOLOGY

The past year has seen the fruition of our long awaited information technology upgrade onto the terminal server farm in Adelaide, enabling the outreach clinics at Copley and Nepabunna to be connected to our IT network that facilitates access to individual medical records during outreach trips. This upgrade also provides access for Health Workers to email and other programs that were not previously available. The IT capability will be transferred to the new Copley Clinic facility when building construction is completed. The new facility is a joint initiative and is being funded by both State and Commonwealth governments. The new site selected by the community is the old school building on the eastern side of the railway track. This relocation will provide safer and easier access for the elderly and other clients.

MEDICATION

The medication management of our clientele has improved markedly with a Health Worker assigned the task of delivering medications and ensuring that they are taken by clients daily, and in compliance with doctors' instructions. We rely upon local knowledge of the community to identify individuals where there is often more than one person with the same name and when it is essential that we make proper identification to prevent incorrect dispatch of medication.

Conversation with the local ambulance service revealed that in the past there have been at least nine or more calls a week to various locations for clients who were in need of transportation as a result of medical conditions such as fitting or other unstable health problems associated with the non compliance of medication. The introduction of this medication program has actually decreased the callout rate for ambulances to about one to two calls per week.

On the other hand, the rising costs of providing medication and support are unfortunately affecting our annual budget. In the past two years our medication budget line has increased from \$80,000 per annum to \$110,000 per annum.

PARTNERSHIPS

We continue to develop partnerships with other agencies, local and State departments in an attempt to ensure Aboriginal people and communities have equitable access to mainstream services and to break down the barriers both for providers and for Aboriginal people generally. We believe that both formal and informal partnerships and the clear terms of reference that form part of MOUs will create and maintain better relationships with other organizations. I believe that this can be achieved simply by listening to and responding to the needs of Aboriginal people.

Pika Wiya Health Service has been pleased to provide interim obstetric services in collaboration with the mainstream health system as a result of its general practitioners' indemnity crisis. Local doctors operated antenatal services within Pika Wiya Dartmouth Street Clinic from 1st July 2003 for all of this financial year. This service delivery was provided to the wider mainstream community as well as to all Aboriginal women during the entire period of the indemnity crisis. It is not expected that Pika Wiya's support will be required in the ensuing year as a result of Port Augusta Hospital's recruitment of a specialist obstetrician.

CENTRE OF LEARNING

The concept of this learning centre, the interest in it and the commitment of those charged with managing the operations have launched a new era in Aboriginal development. There has been a huge amount of interest from all sectors of the community. Some have sought support or information; others have enrolled to undertake a whole range of health studies. There have been graduates in enrolled nursing and aged care and enrolments for registered nursing are increasing. Pathways and linkages with secondary school students have been established to encourage Aboriginal students to consider a career in the many and diverse health professions.

A major concern for Indigenous health is the frequent lack of a commitment by the funding bodies to sustainable ongoing funding. This situation has implications in terms of retaining staff and impacts upon strategic and action planning in the mid and longer terms.

STAFFING

Staffing for the year has been quite stable. Doctors have been retained and Health Workers have been encouraged to take a more interactive role. It is evident from feedback that the community would like to see the Health Workers more active in the community and to have more home visitations. It is our intention to explore this option during the rest of 2004 and into 2005.

MENTAL HEALTH

Mental health issues are on the increase within our communities, just as they are in the wider society. The increased demands upon our workers are a real concern as our health service barely has the capacity to respond effectively to the crisis situations that they face daily. A significant urgent injection of sustainable funding is needed to maintain an adequate mental health team to service an expanded region that includes Whyalla, communities within the Flinders Ranges and Roxby Downs. Negotiations to date with the State mental health authorities have not produced anything positive.

ABORIGINAL HEALTH COUNCIL

The Aboriginal Health Council has evolved into an effective unit that has identified the direction of Aboriginal health and future priorities. Although the restructuring and recruitment process has been a bit slow, the council has moved forward in the direction of increased community involvement and participation, lack of which has in the past been something of a concern for certain members.

ABORIGINAL HEALTH ADVISORY COMMITTEE

The Aboriginal Health Advisory Committee has been consistent in meetings for the year and is slowly getting the regional health services to accept and listen to the concerns being raised at various community group meetings.

FUNDING DEPARTMENTS

As is the case with all government-funded agencies, accountability, transparency and outcomes are the key focuses of our funding bodies. This year we have experienced a significant shift in the timeframes and the way in which we report. It is proposed that the move towards a single planning and reporting framework will reduce the duplication that is often evident within multi-funded government departments. This is an approach that is welcomed by Aboriginal health organizations as we strive to align our processes with the rest of the South Australian health system. I am pleased with the way our people have responded and I believe we are doing a very good job.

RENAL PROBLEMS AND POSSIBLE FUTURE DIRECTIONS

The alarming rate of Aboriginal people who are being diagnosed with renal failure and are becoming totally dependent on dialysis is of great concern to this service. This situation not only affects the individual but their whole family and their economic lifestyle. Renal clients are required to relocate to Adelaide or to Port Augusta to receive treatment and this often leaves the client financially disadvantaged by having to pay two lots of rent – one for their community home and the other for temporary accommodation that provides access to the renal facility.

Inquiries are being made about the possibilities of treatment being received in their homes or in a local hospital. Negotiations are also being held about the possibility of Aboriginal Health Workers being trained to work in the renal units in South Australia, a practice that is already happening in the Northern Territory and Western Australia.

MEDICAL DIRECTOR AND OTHER DATA PROGRAMS

The importance of recording and maintaining data for reporting purposes, and tracking of health delivery and planning is being realized by most Aboriginal services as a tool that can and will be used to our advantage. Since the installation of our information technology systems, we now have the potential to generate data that will help with reporting requirements and recall systems. This will complement our move to chronic disease management and our health care plans to manage better outcomes for our clients. The next twelve months will be a benchmark in that we may now be able to compare past years' data.

COMMUNITY DEVELOPMENT

Again we have identified a need for someone to provide assistance in advocacy with essential services agencies and providers. Unfortunately we are not funded for this type of role: however, the commitment has been made and through our Emergency Relief Worker we are able to assist clients in dealing with electricity payments, rent arrears and other issues that are associated with Aboriginal affairs. We see this position as an important link in the organization as other mainstream and Aboriginal organizations constantly utilize our knowledge and expertise and we would like to see this position sustainably funded in the very near future.

DRUG AND ALCOHOL PROGRAMS

This is still a major issue for the community as clients are willing to be rehabilitated but require the infrastructure and support of their local communities as part of the process. Clients are reluctant to leave this area because that ultimately means they are isolated from their families.

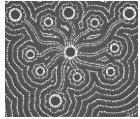
Pika Wiya has included actions in its strategic plan that identify the requirement for a designated Indigenous Drug and Alcohol Counsellor and access to a local facility inclusive of a number of stakeholders that will provide a holistic approach to drug and alcohol rehabilitation.

ABORIGINAL HEALTH ASSESSMENT AND CARE PLANNING

Over the past year we have been advocating and implementing an Enhanced Primary Health Care Model that not only deals with the acute and chronic conditions that Aboriginal people tolerate on a daily basis, but also deals effectively with prevention, detection and diagnosis of problems before they become acute and life threatening. Funding has been secured for a short term project to implement annual health care assessments and care plans with the hope and intention that clients will better manage their illnesses for better health outcomes. *Triaging* of all clients will be a priority that contributes towards the Aboriginal Health Workers and Medical Officers having better knowledge and a clearer picture of clients' conditions.

We look forward to celebrating our 20th birthday with all of our communities, other agencies, departments and organizations later this year. It is planned that the celebrations will include a *reflections ceremony* at the Davenport Community where the concept of an identified Aboriginal Health Service was born that later lead to the incorporation of Pika Wiya Health Service in 1984.

As always I would like to thank the Board of Directors, all staff of the service and the funding departments for their perseverance and dedication to the advancement of better health for Aboriginal people.



OPERATIONAL PIKA WIYA HEALTH SERVICE INCORPORATED

ANNA CAPONI, SERVICES COORDINATOR

Pika Wiya Health Service currently provides services to the communities within the health services catchments of the Far Western and Flinders North regions. These services have recently expanded by taking in communities that are located at Whyalla and Iron Knob, as well as providing minimal services in Port Pirie.

Pika Wiya Health Services Inc. has recognized that there are illnesses which still need to be addressed within the communities. Without additional funding, however, there are insufficient resources to resolve or even prevent these health issues from arising. The issues include:

- ear health – otitis media
- mental health
- cardiovascular diseases
- drugs/alcohol rehabilitation
- renal function
- rural chronic disease – multiple
- drugs/alcohol abuse
- oral health

Pika Wiya Health Service is responsible for health delivery in an enormous geographical area, and access to some communities is an issue during wet weather. Consequently, due to limited resources, both human and financial, these problems will always present as ongoing. Staffing is a dilemma within the organization as recruitment and retention rates of good staff are always an issue.

It is envisaged that Pika Wiya Health Service and the Board of Management will address these issues during their strategic planning for the 2005-2006 period. Programs will continue to provide support in terms of ad hoc services to try to address these issues.

GOALS (AS TAKEN FROM THE STRATEGIC PLAN 2004)

- Plan, deliver and promote a range of community accessible and relevant health programs throughout the Pika Wiya Health catchments area.
- Improve access to all programs and services by Aboriginal people.
- Increase numbers of service providers.
- Ensure a more equitable distribution of services and programs and resources.

PRIORITIES (TO BE INSTILLED IN STRATEGIC PLANNING 2005-2008)

- accommodation – housing extra staff and administrative services
- funding to employ extra staff in finance – due to auspicings for other organizations
- funding for a drugs/alcohol rehabilitation centre that encompasses on site counselling
- funding for a local drug/alcohol centre
- funding to employ drug and alcohol workers
- nutrition training for Aboriginal Health Workers, specifically for the Aboriginal community

- increased training for Aboriginal Health Workers in chronic disease management
- registration of Aboriginal Health Workers for Medicare rebate claims
- expanding services for maternal health care within the services catchments area
- employment of a business manager
- employment of a practice manager
- funding to employ emergency relief/community social workers

ACHIEVEMENT AND OUTCOMES

Pika Wiya Health Services Inc has had numerous achievements for the period of this report, as can be seen from the following list:

- secured funding to establish new clinic at Copley
- success in securing funding to employ rural chronic disease Registered Nurse
- graduation of three Enrolled Nurses – PWH Services Centre of Learning
- Stage 2 development of CD Rom related to pharmacy training
- staff trained in cardiovascular health
- staff upskilled in Core of Life training
- staff provided with ongoing upskilling in rural chronic disease management
- successful inception of Memorandum of Understanding between Pika Wiya Health Services Inc and Child, Youth and Adolescent services
- successful implementation of Memorandum of Understanding between PWH Services and the Flinders and Far Northern region Health Services encompassing Quorn, Hawker and Leigh Creek
- successful inception of Memorandum of Understanding between PWH Services and Flinders Health Terrace, Child Health Team Development Unit
- first Aboriginal master trainer in chronic disease management (USA trained)
- completion of training of Aboriginal Health Worker, Chronic Disease Program
- establishment of school screening in local schools – pilot program
- renewed service agreement with Leigh Creek Hospital
- employed two APHCAP workers (Roxby Downs and Copley)

These outcomes seem fewer in comparison with our last reporting period but the effectiveness of the services which we provide is deemed professional and excellent in terms of community expectations.

INNOVATIVE APPROACHES AND RECENT INITIATIVE

Pika Wiya Health Services strives to introduce new and innovative ideas to the services in order to maintain optimum services to the community. As with any community organization, introduction of new ideas enhances community participation and ownership within the community. Listed below are new and innovative ways in which we have conducted business.

- increased involvement from community in the development and delivery of services
- ongoing networks, linkages and relationship building with external agencies
- coordination and participation in external community events and health promotion activities
- fortnightly sessions that focus on rural chronic disease management
- weekly exercise classes for females (belly dancing)

- participation of staff in Aboriginal Primary Health Care Certificate and Enrolled Nursing courses
- school screening program run in conjunction with the local public school
- introduction of optometrist services within the Pika Wiya Health Services Inc
- introduction of adult hearing services in conjunction with Hearing Services SA
- increased involvement with medical students and allied health professionals – University SA
- refresher courses (tutored by a registered nurse) for professional development
- medication delivery in Port Augusta, managed by providing extra resources
- successful recruitment of Copley staff member

Through innovative approaches PWHS is now able to provide services to the broad catchment of communities. Below are some of the approaches which help this centre strive for excellence:

- increased participation in external health activities/promotional events locally and regionally
- fortnightly educational sessions focusing on rural chronic diseases
- increased participation on external committees
- increased participation on external committees (metropolitan)
- participation in cross-cultural workshops with SG Rural Health School

CHALLENGES, PROBLEMS AND/OR BARRIERS

- lack of sustainable funding to employ an Aboriginal Health Worker in the Dental Program
- 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
- attracting and retaining suitable health professionals and specialist practitioners
- shortfalls in baseline funding allocations that cover Enterprise Agreement increases and backfill costs of staff to cover essential service delivery (related to absenteeism)
- lack of support in sustainable funding to employ a full time dentist
- lack of support in sustainable funding to maintain the Pika Wiya Health Services Inc Centre of Learning
- lack of funding to develop a drug and alcohol rehabilitation centre
- lack of sustainable funding to employ a full time nutritionist
- lack of skilled workforce (Aboriginal Health Workers) to cater for staff leave
- lack of sustainable funding to employ rural chronic disease workers

GAPS AND UNMET NEEDS

Pika Wiya Health Service has identified areas where there are huge gaps in the provision of service to the community. Listed below are some of the gaps which **urgently** need addressing.

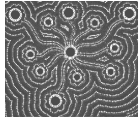
- lack of identified youth programs and funding
- lack of sustainable funding for health promotion
- lack of sustainable funding to employ drug and alcohol workers
- lack of sustainable funding to provide adequate administration & finance training
- lack of personnel and funding to provide adequate mental health counselling

Another area that the service is finding increasing difficult to monitor is the lack of trained personnel to cover annual leave sick leave and other specified leave purposes. The service relies upon Administration personnel to cover gaps within the services.

OTHER IMPORTANT ISSUES

- The Northern and Far Western Region is experiencing an influx of population due to the lack of services outside of the regions. This is a major concern for the organization as the demand for delivery of primary health care by individuals is rising rapidly. This demand is not costed into the existing funding allocations, nor does the service have adequate personnel to fulfill the extra functions.
- Accommodation is still a major concern for the service. Pika Wiya Health Service has over 78 fulltime/part-time personnel and this is on the rise with the advertising of additional positions on the agenda for the next reporting period. Staff members are currently sharing offices that are not adequate for the provision of services.
- There are extra positions in the organizational structure that the service has identified. Funding is an impediment to securing these extra positions, but we are in the process of seeking funds and are hopeful these positions will be approved.

As the Services Manager I hope the information gives you an insight into the past 12 months and to the commitment by staff to ensure they provide optimum care to the community.



THE INFORMATION MANAGER'S REPORT 2003 TO 2004

DAMON MOLDRICH, INFORMATION MANAGER

Pika Wiya's clients are members of a transient community, not unlike that of the Northern Territory's Department of Health and Community Services. Because of this, information on patient treatment and histories has been poor in the past as a result of inconsistent information and the duplication of records. Pika Wiya has an obligation to collect data to fulfil its reporting requirements for its funding bodies and has always strived to comply with this requirement.

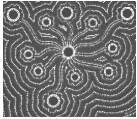
In an effort to provide a better and more timely service, Pika Wiya Health Service opted to centralise its client databases. Pika Wiya's Information, Communications Technology Services section, in collaboration with the Department of Health, identified, prioritised and prepared business cases with a focus of migrating to a Thin Client Terminal Server Farm solution for its data management. This included upgrades to both LAN and WAN environments for its Outreach Clinics. The new infrastructure, with some further enhancements and accurate input of client data, will give medical staff the ability to keep tabs on all treatments regardless of where they occur.

In addition to providing more accurate records, it is hoped that the new infrastructure will play a key role in evaluating the effectiveness of medical programs through a series of quantitative and qualitative key performance indicators and, in time, be used as a tool to judge the effectiveness of services provided.

SUMMARY

With its commitment to addressing its information requirements into the new millennium, Pika Wiya Health Service will continue to be in a better position to cater for the health needs of the Aboriginal community through the provision of clinical services, preventative and education programs and community development initiatives.

It realises the importance of such documents as the recent South Australian Generational Health Review and will continue to work towards implementing its many recommendations.



HUMAN RESOURCES: ANNUAL REPORT 2003 – 2004

OWEN ROWE, HR MANAGER

The *Chris* Human Resource Management System was introduced in May 2003 and has provided significant changes to workforce data collection and human resource issues. The system facilitates a consistent approach to leave recording throughout Department of Human Services and health units. The Finance Department has completed the conversion of annual leave onto the new system and is now working on other areas such as sick leave, long service leave and other special leave allocations.

Other important developments in the area of human resources have included the following:

- Patient transport requirements underwent significant changes throughout the year with staffing levels lifted to cater for the previously outsourced renal transport together with increased demands for medication deliveries and transportation to metropolitan hospitals, specialists and services.
- Ongoing are internal and external training that are designed to build upon and enhance the capacities and activities of all program and clinical staff. Some examples of training include the areas of hearing, sexual health, resuscitation, sterile dressings/wound care and blood taking techniques.
- The introduction of advertising of all vacancies in the local press simultaneously with the Government notification of vacancies has increased the number of Aboriginal people applying to fill positions as they come due. The external advertising is therefore realizing the purpose for which it was introduced.
- The funding of APHCAP has increased representation in Whyalla and the Far Northern Region through the appointment of a Coordinator, Project Officers and the proposed administrative support positions that are still in the 'pipeline'.
- From the human resources perspective the problem of available accommodation space is set to create difficulties as the service expands. All available office, consulting and program space has now been allocated.

A continuing busy 2004/2005 year is anticipated.



WORKFORCE REPORTING

Persons	78.
FTEs	65.9

Gender	% of persons	% of FTE
Female	61.54	61.68
Male	38.46	38.32

Number of persons separated from the agency during the 03/04 financial year	42
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Number of persons recruited to the agency during the 03/04 financial year	41
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Number of persons on leave without pay at 30th June 2004	2
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Number of employees by salary bracket			
Salary bracket	Male	Female	Total
\$0 – \$38,000	17	14	31
\$38,001 – \$49,000	6	25	31
\$49,001 – \$64,000	2	7	9
\$64,001 – \$83,000	2	1	3
\$83,001 +	2	1	3
Total	29	48	77

Status of employees in current position					
	FTEs				
	Ongoing	Short term contract	Long term contract	Casual	Total
Female	22.01	5.21	7	6.43	40.65
Male	12.8	6	1.9	4.55	25.25
Total	34.81	11.21	8.9	10.98	65.90
	Persons				
	Ongoing	Short term contract	Long term contract	Casual	Total
Female	23	7	7	11	48
Male	13	6	2	9	30
Total	36	13	9	20	78

Total days leave taken	
Leave type	2003-2004
Sick leave taken	513.63
Family carer's leave taken	7.00
Special leave with pay	382.94

Number of employees by age bracket by gender				
Age bracket	Female	Male	Total	% of Total
15 -19	0	1	1	1.28
20 – 24	5	2	7	8.97
25 – 29	2	4	6	7.69
30 – 34	8	3	11	14.1
35 – 39	7	3	10	12.82
40 – 44	11	6	17	21.79
45 – 49	9	4	13	16.67
50 – 54	3	3	6	7.69
55 – 59	2	3	5	6.41
60 – 64	0	1	1	1.28
65 +	1	0	1	1.28
Total	48	30	78	100

Number of Aboriginal and/ or Torres Strait Islander employees				
	Male	Female	Total	% of Agency
Aboriginal /Torres Strait Islander	18	30	48	61.5

Cultural and linguistic diversity				
Name	Male	Female	Total	% of Agency
Number of employees born overseas	1	0	1	1.28
Number of employees who speak language(s) other than English at home	0	3	3	3.85

Number of employees requiring workplace adaptation			
	Male	Female	Total
Total	1	0	1

Number of employees using voluntary flexible working arrangements by gender			
Leave Type	Male	Female	Total
Purchased leave			
Flexitime	20.7	34.22	54.92
Compressed weeks	1		1
Part-time job share			
Working from home			



OVERSEAS TRAVEL

Number of employees	Destination/s	Reason for travel	Total cost to agency
1	United States of America	Participation in Stanford Model of Chronic Disease Self Management Master Trainers Course	Sponsored by the Department of Health and Aging

This initiative was a collaborative effort between the Australian Department of Health & Aging and the ACT Health Partners Project and included other major stakeholders such as Arthritis SA, Diabetes Australia, Asthma SA, the Heart Foundation of South Australia and the Spencer Gulf Rural Health School in Whyalla.

The goals included having a key Aboriginal Primary Health Care Worker attend the Stanford University in order to obtain a Certificate in Chronic Disease Self Management Master Trainer. Fiona Coulthard is the first Aboriginal person to achieve this objective.

There now is an even greater imperative to continue to build upon the evolution for LIFE (Living Improvements for Everyone) Program through the Sharing Health SA Project. Fiona Coulthard, in collaboration with other stakeholders, has and will continue to expand services to Indigenous communities in South Australia and provide train the trainer sessions based on the Stanford model of chronic disease self management that will upskill Aboriginal Primary Health Care Workers and community members.





LEARNING CENTRE ANNUAL REPORT 2003 – 2004

CHARMAINE HULL, COORDINATOR

NUMBER OF CONTACTS

The number of students who have utilized the Learning Centre during the past 12 months has stabilized at 70. We have a great number of people from the community who have expressed interest in studying in the near future. The most popular course are: Aged Care, Aboriginal Primary Health Care, Enrolled Nursing, Registered Nursing and Social Work.

GAPS AND UNMET NEEDS

A major concern for the Learning Centre is the lack of physical space. The Centre is growing rapidly and we don't have the space to accommodate the increasing number of students. A funding proposal has been submitted to the Australian National Training Authority (ANTA) and we anticipate that we will be notified of funding soon so that we can build the third stage of the Learning Centre.

We are keen to commence the next round of courses in Aged Care, Enrolled and Registered Nursing. Submissions have been forwarded to various departments to locate funds. When these are successful we can commence the courses.

ACHIEVEMENT AND OUTCOMES

Our focus is to provide a high level of resources and support for Aboriginal students undertaking tertiary study. We achieved this in the past year and have had successful outcomes. In November 2003, we celebrated the achievements of 11 Certificate III Aged Care students who successfully completed and graduated from the course. This was a partnership between Department of Health, Bungala Aboriginal Corporation (CDEP) and Pika Wiya. Another achievement is that of the three Enrolled Nursing (Certificate IV) students who have graduated and all of whom have gained employment at the Port Augusta Hospital and Wami Kata. The other eight students are approaching the completion of the course in December. A Regional Employment Action Plan has been set up to assist graduates to gain employment.

Other activities include facilitating a Cardiovascular Course through the National Heart Foundation of SA (NHFSA) for the Aboriginal Health Workers of Pika Wiya. This was a joint partnership between NHFSA, Aboriginal Health Council of South Australia (AHCSA), Nunkuwarrin Yunti and Pika Wiya Health Service. We had eight graduates who successfully completed the course. In the future we will offer this course to the community.

An evaluation of the Learning Centre was recently completed by Spencer Gulf Rural Health School. This identified that the Learning Centre has been doing more than what was expected from the Centre's planning stage in 2002. Progress was described as promising and developments have been found to be 'best practice'.

INNOVATIVE APPROACHES AND RECENT INITIATIVES

An innovative approach is the 'upskilling' of the Health Workers. The Learning Centre is playing a partnership role in facilitating this process in the near future and will continue into the new financial year. Health Workers are skilled and talented and are an asset to our community. The Health Workers are ensuring that they provide the best service they can to the community.

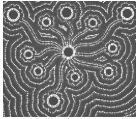
Staff of the Learning Centre continue to work in partnership with the various campuses of tertiary institutions (such as Spencer TAFE, University of South Australia, Bachelor Institute, Adelaide University, AHCSA) to ensure appropriate support and resources are provided to Aboriginal students. We also work closely with State and Government departments (such as the Department of Health and the Northern and Far Western Regional Health Service) to negotiate and advocate on a range of additional issues that have an impact on Aboriginal students, graduates and the community as a whole.

SUMMARY

Throughout the 12 months there have been many achievements and breakthroughs which have been exciting for staff, students and supporters. Unfortunately, we can not mention all of them

We wish all students who are studying at the Learning Centre every success in both their studies and their future. I wish to take this opportunity once again to thank staff: Veronica, Lynne and Rachel for the hard work put in throughout the year.





STUDENT SUPPORT AND SPECIAL PROJECTS

ANGELA RUSSELL, STUDENT SUPPORT AND SPECIAL PROJECTS

I would like to start with a huge thank you to the Aboriginal community in Port Augusta and surrounding districts for its support and willingness to share its knowledge and to allow future professionals to have meaningful and life changing experiences whilst on placement with Pika Wiya Health Service Inc.

We coordinated 32 students of different disciplines, each of whom had excellent placements with the service. As well we hosted many visiting students who participated in a short workshop on working in Indigenous health and an overview of Pika Wiya. We are grateful to the Aboriginal Health Workers from Pika Wiya and community members who participated and contributed to student experiences that resulted in the placements that were requested.

Resources developed for the service include:

- Asthma and exercise
- Asthma emergency care plan
- Stretching exercises for the elderly (plus a video)
- Oral health promotion brochures
- Interactive CD Rom for Aboriginal Health Workers on medication management that is nearing completion

I would like to share some of the student quotes about their time with Pika Wiya Health Service:

Making friends with the staff was also very nice, not to forget that the Pika Wiya staff are the best and are always ready to help. I feel that if I did a whole year at Pika Wiya or Port Augusta, I would have finished two years in the medical school. This is because of good exposure to various medical conditions and activities that are not available to students in the usual hospitals – let alone exposure to Indigenous health and culture and learning about the many conditions that affect the Australian Indigenous community. Knowing about country medicine is good, but knowing about the Indigenous culture for country medicine is the way to go. Pika Wiya gave me the opportunity to see the tip of the iceberg in terms of Indigenous culture that is so full on and controls most of the daily routines, practices and health of the Indigenous people.

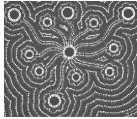
It has been a great experience for me, both personally and professionally. I've met some great people doing fantastic work for the local communities and who are inspirational. Thanks again.

As well as my role in student placement coordination I took part in a number of supervisor workshops and prepared for rural placement workshops in Adelaide as well as contributing to the new Rural and Remote course to be offered in 2005 through SGRHS.

My role within the LIFE program (formerly Shared Health Care) and RCDI projects has become one of acting as a sounding board and a mentor. Pika Wiya has embraced the concepts of self management, health assessments and care planning and I feel very positive on the steps forward taken by the strong team. I encourage any member of the community to come into Pika Wiya or go to their own GP and ask for a health assessment and care plan and to attend the many preventative program initiatives being put into place by the service.

On a personal note I would like to thank everyone for their support and was humbled to receive a Vice Chancellor's staff award for my work in Indigenous health. I share this award with each individual from whom I have had the pleasure of learning over the last 18 years.

I look forward to a productive year with the development of new resources for the community and to being a part of a new generation of health professionals with a positive attitude and greater self-awareness of the Indigenous community.



ABORIGINAL PRIMARY HEALTH CARE PROGRAM (APHCAP)

YVONNE BUZA, (INTERIM) APHCAP MANAGER

The Aboriginal Primary Health Care Program is considered the critical next phase to the First Step document published in 1998. This partnership agreement between OATSIH, DHS, the Aboriginal Health Council, N&FWRHS and Pika Wiya aims to achieve a number of objectives over the next few years. These objectives, part of a combined planning effort with the N&FWRHS and Pika Wiya, are as follows:

1	To improve the health & well being of Aboriginal people within the PWS area
2	To ensure appropriate Aboriginal community involvement in health service planning and delivery
3	To ensure that the organisation is managed effectively and efficiently
4	To develop effective relationships with other agencies
5	To advocate and review the health system and service delivery for Aboriginal Health

The APHCAP program covers a vast area within South Australia known as the Port Augusta sub-region.

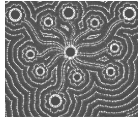
An important component of the APHCAP plan is the employment of staff throughout the region. At this stage that recruitment process includes a Care Coordinator situated at Nunyara (interim: Cindy Zbierski); a Care Coordinator situated at Leigh Creek (Kingsley Coulthard); an APHCAP Manager (Yvonne Buza); and a finance and secretarial position (not yet appointed) to support the program. Other short term positions under consideration are Aboriginal Health Worker positions at Roxby Downs and Hawker/Quorn.

As the program progresses we hope to find the appropriate opportunities for these coordinators to work with Pika Wiya service providers in an effort to strengthen existing services to Aboriginal people and work towards an integrated health system out of those Pika Wiya servicing areas within the Port Augusta sub-region that have, until now, been overlooked or which provide inadequate mainstream services.

The Port Augusta sub-region APHCAP team is made up of important inter-agency groups that have the skills and experience in working with Aboriginal people within the region.

Pika Wiya has been the support body from which the development of this program has been possible and we would like to thank all those people within the relevant departments who have assisted with the critical first stages of APHCAP.

We look forward to many positive achievements in our endeavour to create better health outcomes for all Aboriginal people living within the Port Augusta sub-region. These achievements will be presented to the Aboriginal Health Advisory Group on a regular basis.



MEDICAL DIRECTOR'S REPORT FOR 2003 TO 2004

JON HUNT, MEDICAL DIRECTOR

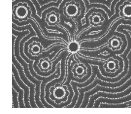
It has been a busy year for us doctors at Pika Wiya. Although there is little evidence to support increased patient numbers, it is the complexity of the problems presenting to us that has increased our work load.

Four full time doctors working here for almost three years has provided us with some stability. It is expected that this situation will be further enhanced as a result of James Otiende and Shelli Pisani being granted permanent residency to stay in Australia. Dr Michaela Baulderstone is back once again doing a few sessions on Mondays and Fridays. We certainly appreciate this type of help, particularly when one or more of us are away on leave.

During this year we have increased our commitment to the Enhanced Primary Health Care model that includes increased levels of Medicare rebates for certain activities (health assessments and care plans, for example) for the participating organizations. The fundamental aim of these activities is to provide better care for our patients and I look forward to the results of the statistical data collection that will result. The other positive ingredient of this model is the potential for generating the additional income that will ultimately guarantee the sustainability of the service generally as well as pay for unfunded programs and services.

We are pleased to have the support of a Registered Nurse and to see the development and enhancement of Health Workers. This can only make our jobs easier whilst improving the service delivery to our patients. A by-product of the Enhanced Primary Health Care model includes all patients being triaged upon presenting to the health service and the introduction of monthly 'specialty' clinics for diabetes, men's health, women's health, child health, over 55s and chronic illness.

Pika Wiya Health Service Inc.



**REPORTS FROM
THE CLINICS**



PRACTICE MANAGER'S ANNUAL REPORT

1ST JULY 2003 TO 30TH JUNE 2004

BELINDA JOHNSON, PRACTICE MANAGER

The Community Health Centre (CHC) Reception (staffed by 2.0 clerical FTEs) continues to be the most demanding of all clerical locations, even more so with the employment of Drs Thomas and Yeung (in July 2003) who provide antenatal clinics for all expecting mothers, both Indigenous and non-Indigenous, in this and surrounding communities.

During the year there was a total of 8,268 medical officer consultations conducted from the CHC. This figure does not include consults by visiting specialists, allied health professionals and Aboriginal Health Workers. Given the increased work load within this area, we have relied upon the employment of casual personnel to assist, particularly on antenatal days. Apart from the employment of casuals, this area has also been put under extra pressure with the secondment of one of the permanent staff members for a considerable part of this reporting period.

The Davenport Clinic, staffed by 1.0 clerical FTE and supported by 3.0 AHWs, had a total of 2,259 medical officer consults. This figure does not include consults by AHWs, visiting specialists or allied health professionals. The receptionist at the Davenport Clinic performs the dual role of receptionist and data processor. The archiving of all inactive files based at Davenport Clinic was completed in November 2003 and all files are now held in secure premises.

The administrative reception area staffed by 1.0 clerical FTE has, in large measure, been filled by casual personnel with the secondment of the permanent officer to the Finance section. In the last quarter of the reporting period it was filled by a trainee typist/receptionist.

We have again found it very difficult to hold regular clerical meetings throughout the year. I have, as a means of communication, developed a clerical update/newsletter that is sent out bi-monthly (if not monthly) to bring clerical staff up to date with relevant information.

In general, the Saturday clinics continue to be advantageous for the community with a total of 553 medical consultations, though the large number of clients who do not bring in their Medicare, health care or pension cards remains an issue.

Over this reporting period the doctors carried out a total of five outreach clinics to Nepabunna and Copley. A number of these programmed trips had been cancelled due to bad luck and weather conditions.

No Work Cover notifications were received during this period from within the clerical pool.

With the installation of new computers and the expected connection to the DHS farm, the establishment of the HIC online claiming method was put on hold as was the electronic appointment system. It is expected that these will definitely be pursued early in the new year and as soon as installation is completed.

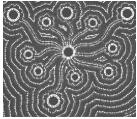
The Aged Health Assessment Form was finalised and is now driven by both the doctors and APHCWs.

In September 2003 we were fortunate enough to secure the services of Ms Lee Keller (on a secondment basis from the PAH) for the purpose of entering medical information from client files onto *Medical Director*. This has been a mammoth task for Lee, but one that she has done very well. At the end of this period Lee had nearly completed all files located at the CHC and will relocate to the Davenport Clinic to undertake the process there. The input of this information has created a more accurate *Medical Director* database, giving a more accurate record of illnesses and diseases. We have also taken the opportunity to archive inactive files and have updated client demographic information.

Recalls continue to climb in number. It is the standard practice to send a total of three letters to a client's home, requesting them to return for a medical appointment. Non-compliance of clients remains an ongoing issue for the Service.

In the next financial year, apart from the continuation of an efficient and effective clerical service, it is anticipated that:

- an electronic appointment system will be installed and fully functional
- the HIC online claiming facility will be installed and fully functional
- all clerical procedure manuals and job and person specifications will be reviewed and updated accordingly
- the issue of seconded staff from the clerical pool will be resolved and staff of a more permanent nature utilised
- the GPA re-accreditation process (due in December 2004) will be undertaken and met



COMMUNITY HEALTH CENTRE ANNUAL REPORT 2003-2004

EMILY TINNING, CLINICAL SUPERVISOR

Town Clinic has experienced high demands from all sectors of health and well being throughout the past 12 months. It is expected that with the appointment of a specialist obstetrician at the Port Augusta Hospital some of the past demands will diminish.

Another significant factor will be the introduction of specialist clinic days that are aligned to a specific programs and an allocated general practitioner. It is expected that in addition to normal service delivery there will be defined days for diabetes, well women's, well men's, child health, dental health, chronic illness and early intervention, detection and annual health assessments.

We have had a number of exciting developments during the year, one of which has been the realignment of our staffing establishment in relation to patient transport. The appointment of permanent designated drivers has provided a much more stable approach for the service. With the appointment of a specific renal transport driver there is a more consistent approach to the transport requirements of the renal patients .

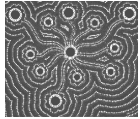
There have been changes to our medication run: each program area now takes responsibility for its own clients' pharmacy and medication requirements. This enables each particular specialist program to manage, reflect and refer clients should there be any issues regarding their ongoing health and well-being.

The Pika Wiya Health Service Executive has adopted a program for the upskilling and development of Health Workers both formally and informally within each clinic. Rachael Press (RN) is providing fortnightly sessions in collaboration with the unique Centre of Learning to facilitate this capacity building exercise.

Pika Wiya Health Service is maintaining a highly effective recall system whereby patients and clients are advised and reminded about their reviews, various health checks, immunisation and the like that are due. As a result of this commitment we have been really busy chasing up all those due and outstanding recalls.

This year we have taken some positive steps towards permanently filling all vacant health and transport worker positions, hence minimising the need to utilise backfilled casual labour.

As we move into another financial year we look forward to doing our business in a way that is more in line with community needs and wants. We would like to see all of our clients at least once during this year so that we can review their health status and refine their treatment and/or case management.



NUNYARA WELLBEING CENTRE INC.
ANNUAL REPORT JULY 2003-JUNE 2004

PREAMBLE

The building redevelopment of Nunyara was completed in June 2003. The Whyalla Hospital and Health Service Inc. Health Workers moved into the building in July 2003 and the interim coordinator was appointed late April 2004.

Administrative processes and systems are being established at present, with support from Pika Wiya Health Service invaluable in this early stage of the development. The Aboriginal Health Advisory Committee [AHAC] has also been supportive in Nunyara's initial stages, and appreciation in anticipation of their continued support is valued. Thanks must also go to Stuart Jones, former Community Development Officer, for his continued support and interest in the well-being of Nunyara.

The tasks of initiating services from the centre are currently being undertaken, with more expected to begin late July 2004. A community consultation is being planned to be held in the next three months, as well as a key stakeholder or mainstream service provision consultation. The following is a summary of outcomes and statistics to date.

Contacts [recording period 1st March – 30th June 2004]

Key	Objectives	Objectives [abbreviated]
1.	increase the availability of appropriate primary health care services where they are currently inadequate	available primary health care
2.	strengthen existing service systems to better meet the needs of Aboriginal and Torres Strait Islander peoples	strengthen service systems
3.	empower individuals and communities to take greater responsibility for their own health	empower to take responsibility
4.	ensure effective control and accountability of the APHCAP [Aboriginal Primary Health Care Access Program] funding	effective control of funding

CONTACTS

available primary health care strengthen service systems empower to take responsibility	service provider: Whyalla Hospital and Health Services Inc.	<p>Antenatal Clinic</p> <p>The Community Midwife provides a <u>weekly</u> antenatal clinic for <u>three hours</u> each session. The clinic offers a free and confidential service and includes blood pressure and urine checks, blood tests and ultrasound, checking baby's heartbeat and monitoring growth, shared care with GP and Obstetrician, and information about pregnancy and childbirth. The service also assists clients to access other services such as Family and Youth Services, Centrelink and the South Australian Housing Trust. It provides Aboriginal workers from Child and Youth Health who can assist in transportation of clients to and from the clinic. As well as the one to one service, the midwife also offers group education, including videos and discussion groups with clients.</p> <p>To date the clinic has held four sessions, recording eight Aboriginal or Torres Strait Islander people and three non Aboriginal or Torres Strait Islander clients.</p>
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available primary health care strengthen service systems empower to take responsibility	Service provider: Cervix Screening / Port Augusta Community Health	Aboriginal Well Women's Clinic			
		The Well Women's Clinic has been successfully transferred from the Aboriginal Health Office that was situated at Buttlingarra to Nunyara Wellbeing Centre. Our first clinic at Nunyara was held on the 31st of March of this year and attendances are tabled below. The clinics will continue on a monthly basis and have been well utilised for a range of services such as contraception information, hormone information, pap smears etc.			
		Date	Attendance Nos.	ATSI	NON ATSI
		March 2004	4	4	0
	June 2004	5	3	2	

available primary health care strengthen service systems empower to take responsibility	service provider: City Council of Whyalla	Immunisation Clinic	
		Whyalla City Council hosts immunisation clinics at Nunyara once a month for an hour. To date these clinics have not been extremely successful and promotion will be undertaken in the near future in conjunction with Whyalla City Council to promote the service. It is anticipated attendances will increase. However, if this is not the case, other strategies will be discussed.	

available primary health care strengthen service systems empower to take responsibility	service provider: Pika Wiya Health Service Inc.	Flu vaccination	
		Jan Riordan, Registered Nurse, Pika Wiya Health Service Inc., attended Nunyara at the beginning of May and vaccinated seven male and three female clients.	

GROUP CONTACTS

Strengthen Service Systems	Service Provider: Country Arts SA	<p>Nunga Dance Group</p> <p>The Nunga Dance Group was initiated by Suzannah Jones, Whyalla Arts Officer, Country Arts SA. Suzannah contacted Jeff Croft in the first instance to contact Aboriginal youth aged between 13 and 18 years who might be interested in dance. Grant money was available and the large room on the community side of Nunyara was utilised to hold the sessions. A dance instructor from Adelaide, Nikki Ashby, teaches, and is well respected by the group. Aboriginal youth are involved in the classes that are run every Wednesday from 3.30pm – 5.30pm. Sessions have been conducted as follows:</p>			
		Date	Attendance Nos.	ATSI	NON ATSI
		12/05/2004	7	7	0
		19/05/2004	10	10	0
		02/06/2004	9	9	0
		09/06/2004	6	6	0
		16/06/2004	7	7	0

COMMUNITY GROUPS & MEETINGS

[NO SERVICES PROVIDED, ONLY PROMOTION OF CENTRE]

strengthen service system	service provider: Mainstream service providers	<p>Drug Action Team (D.A.T.)</p> <p>The Drug Action Team consists of stakeholders from South Australian Housing Trust, South Australian Police, Family and Youth Services, SA Ambulance, Nunyara, Department of Education and Children's Services, Drug and Alcohol Services Council, Department of Correctional Services, and Ask Employment. Meetings were usually held at the police station but have now been permanently relocated to Nunyara as the group was so impressed with the facility. The Indigenous representation on the committee also demonstrates a commitment to Aboriginal Health in the community.</p>			
		Date	Attendance No's	ATSI	NON ATSI
		10/03/2004	9	2	7
		12/05/2004	10	2	8

empower to take responsibility	Self Organised Social Group, Nunyara Support	<p>Aboriginal Women’s Group [Social Craft]</p> <p>Each Monday a group of women utilises the large community room of Nunyara to get together for up to three hours. The women undertake craft and use the time as an opportunity to network and socialise.</p>
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strengthen service systems	service provider: Drug and Alcohol Services Council	<p>Drug and Alcohol Training ‘A Session with Substance’</p> <p>Workers from Family and Youth Services, Nunyara, Whyalla City Council, Plaza Youth, Women’s Shelter and Wynbring Jida Child Care Centre attended a day of training. Training covered topics such as terms, theories, statistics, the role of DASC and referral procedure, brief intervention, harm minimisation and reduction, local issues, resources, amphetamines, alcohol and marijuana. Attendees also had the opportunity to informally discuss related issues and topics. An information pack was given to each participant containing quizzes, posters, wallet cards, stickers and calendars all promoting the safe use of alcohol.</p>												
		<table border="1"> <thead> <tr> <th>Date</th> <th>Attendance Nos.</th> <th>ATSI</th> <th>NON ATSI</th> </tr> </thead> <tbody> <tr> <td>28/04/2004</td> <td>9</td> <td>3</td> <td>6</td> </tr> <tr> <td>03/05/2004</td> <td>5</td> <td>1</td> <td>4</td> </tr> </tbody> </table>	Date	Attendance Nos.	ATSI	NON ATSI	28/04/2004	9	3	6	03/05/2004	5	1	4
Date	Attendance Nos.	ATSI	NON ATSI											
28/04/2004	9	3	6											
03/05/2004	5	1	4											

available primary health care strengthen service systems	service provider: Whyalla Community Health Centre	<p>Community Health Centre Planning Day</p> <p>The Whyalla Community Health Centre, a division of the Whyalla Hospital and Health Service Inc, held its annual planning day in May at the centre. 20 staff and health professionals met to discuss their future directions in service delivery, a main focus being Aboriginal health. Nunyara is working in collaboration with Whyalla Community Health to deliver primary health care from Nunyara in the near future, a relationship that will see health promotion and primary health care delivered to the Whyalla Indigenous community in an accessible and appropriate manner.</p>
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GAPS AND UNMET NEEDS

- The car parking facility is overcrowded. We have 12 spaces and one disabled spot and require at least another eight parking spaces.
- Resources are required to set up administration processes and systems such as storage for confidential records.

ACHIEVEMENTS AND OUTCOMES

- A Clerical Officer has been appointed for a three month contract until the end of September 2004.
- Service agreements with mainstream services are being developed.
- Strong links with OATSIH, AHAC, CDEP and Pika Wiya continue to develop.
- Consumers, mainstream services, and metropolitan services are beginning to utilise the facility for client contact and group initiatives.

INNOVATIVE APPROACHES AND RECENT INITIATIVES

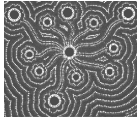
Friday morning BBQ Breakfast / Brunch [9.00am – 11.00am] has been initiated to increase social capacity, communication and support for staff, community and service providers. It is envisaged that these informal gatherings will expand through word of mouth [eventually a more formal promotion], and there will be encouragement for members of the community, service providers and professionals to take advantage of a casual meeting time and place to establish networks and conduct informal and *ad hoc* information sharing. The importance of establishing and maintaining a regular time and day is paramount to the success of community use of Nunyara, its facilities and services in the future. Funding for this ongoing commitment will be supported through APHCAP moneys.

SUMMARY

The Nunyara Wellbeing Centre is in its early stages or infancy. We can expect to see growth and production in the next financial year, especially around the delivery of primary health care and health promotion services to our Indigenous community.

Nunyara continues to experience an increase of community groups, mainstream services and organisations which are keen to hold planning days, deliver services, and hold functions and meetings from the Centre because of the unique setting. The popularity of Nunyara in part could be due to the Generational Health Review and the resulting response in the First Steps Forward document that acknowledges the poor state of Aboriginal health and the Government's commitment to reducing these inequalities for those in the community who are most at risk. Nunyara is keen to support service providers involved in closing gaps in services and improving the health of the Indigenous community by working together, forming partnerships and sustaining relationships.

There is, however, a firm belief and desire from the community to maintain the identity and originality of Nunyara so that it won't get 'lost' in mainstream culture. This has been highlighted recently with ATSIC being dissolved and local communities setting the direction for their community services. We will achieve this by establishing firm boundaries within our relationships with mainstream service providers.



NEPABUNNA CLINIC

ANNUAL REPORT 2003-2004

GERALDINE JOHNSON, NEPABUNNA CLINIC

Client numbers have increased slightly over the past year. This is partly due to the upsurge of type two diabetes amongst the younger members of the community. The most affected belong to the 25-35 year age group, with some clients being diagnosed as young as 12. The increase in numbers is also due to the influx of visitors who come to Nepabunna to attend various community functions and programs.

Programs in which the Nepabunna Clinic staff has been involved in include:

- nutrition
- influenza vaccinations
- shared health
- health promotion
- early childhood intervention
- RICE
- carers
- Elders' Day Out
- Leigh Creek Health Services monthly meetings

The Health Promotion Team came to Nepabunna to visit for a few days. With them they brought some of the older population from Port Augusta, Quorn, Hawker and Copley. They spent their time discussing those health issues which concerned them and how they would like them to be handled.

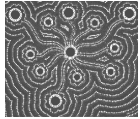
We still have to carry out a lot of client transports. This is, however, unavoidable due to the distance from specialists, child dentists and X-ray facilities. The podiatrist has just started visiting Leigh Creek again after an absence of over six months. This is a great relief because of the percentage of diabetics in the community. Specialists like physiotherapists are also hard for our clients to access.

Day to day clinical procedures are carried out as per normal: that is, diabetic screening, dressing of wounds, coughs, colds and anything that may crop up, night or day. Home visits are also made when necessary and out-lying clients are supplied with basic first aid needs. Visits to Balcanoona, Iga Warta and Mount Searle station are carried out as much as is possible.

Both Jamie and I have attended courses and staff training throughout the year and this has included computer training, shared health, OHSW and cardiovascular training.

Our new computer system has been installed but unfortunately is not yet operational because of technical problems. The clinic is also due shortly to be upgraded and, with luck, amenities will be greatly improved. We also await the arrival of our new vehicle.

On the whole, the year has gone smoothly with no major problems. Our only major issue has been trying to obtain a male health worker as it is hard to run an Indigenous health clinic in an appropriate manner without a male worker to discuss cultural issues.



CHILD HEALTH TEAM ANNUAL REPORT, 2004

MARIA CALYUN, TEAM LEADER: WELL CHILD PROGRAM

It has been very challenging but rewarding for me since I commenced this year as Team Leader of the Well Child Program. One of the main focuses of the job has been getting the Well Child Clinic up and running. In order to do this, we organized a community consultation where the 18 people in attendance learned about the screening service which we were going to offer to our children. We also had staff from the Women's and Children Hospital conduct a presentation on kidney screening and what it entails. This gave our workers an insight on the benefits of screening children at an early age and of early interventions.

The Well Child Program consists of a special needs program, hearing program, antenatal/postnatal program, women's health program, Indigenous parenting program and an immunization program. We also work closely with the Child and Youth Health team.

As can be seen from the following list, the Well Child Program offers a wide range of services:

- advocacy
- support for home visits
- school screening program
- parenting information sessions
- health promotions to school – dental/nutrition/health and hygiene sessions.
- access to the Child Development Unit
- early intervention screening
- pediatric services
- specialist appointments
- referral agencies
- workshops
- Hearing School screening
- immunization
- access to Child and Youth Health
- breastfeeding project.
- antenatal clinics and postnatal follow-ups
- hospital visits
- peer support program in schools.
- Outreach Program
- Well Child Clinic

We held our first Well Child Clinic with 24 children in attendance. As part of the screening we covered hearing screening, eye screening, dental screening, height and weight, blood pressure, blood sugar level screening, urinalysis test (checking kidneys) and skin examination. Each child then had a doctor's consult. (It was great to see parents come and support their children on this day.) We will continue with the Well Child Clinics on a monthly basis and see how the program develops.

We have worked closely with the Pika Wiya Learning Centre workers, providing in-service training to our staff on child screening. This will give our Health Workers a better insight into the importance of child screening when they are presenting to the clinics.

Other areas in which I have been actively involved are:

- Health Promotion Committee
- fortnightly delivery of health promotions into the schools and kindergartens around town
- outreach trips three times per year
- monthly meetings of the Child Development Unit
- in-house team meetings on a monthly basis
- fortnightly in-service on child health screening
- involved once a year with the Croc Festival activities
- once a week a mentor of school based program (WITY)

I feel that I have settled well in the new role of Team Leader and at the moment feel that this position will bring many challenges. One of the main roles in which I have seen myself is that of support, encouraging and providing empowerment for the other team members.



CHILD HEALTH PROGRAM BREASTFEEDING PROJECT 2003-2004

DEANNA STUART-BUTLER, ABORIGINAL HEALTH WORKER,

SPONSORED BY CHILD & YOUTH HEALTH

Aboriginal Health Workers from around the state attended a forum in November 2002 and formed an Aboriginal Breastfeeding Working Party, of which I am a member. As a result of the forum, I am currently working on a Breastfeeding Project as part of Health Promotion SA, Department of Human Services State Breastfeeding Program in order to help provide appropriate breastfeeding resources and training opportunities for Aboriginal Health Workers in the State.

With the small grant from Health Promotion SA, I decided to research breastfeeding and formulate a flipchart. The amount of information I found was astounding and I felt it necessary to share this information with my fellow Health Workers at Pika Wiya Health Service Inc.

Firstly, an Aboriginal Breastfeeding Working Party was formed here at Pika Wiya and representatives from other agencies keen to promote breast feeding were invited to join us. These agencies included:

- Flinders and Far North Division of General Practice
- The Learning Together Program
- Port Augusta Hospital
- Flinders Terrace Health Centre
- Child and Youth Health
- relevant Pika Wiya Program staff: for example, Social and Emotional Well-Being, Women's Health, and the Child Health Team

There are now 12 representatives attending our bi-monthly meetings. Due to the wealth of knowledge, I then broached the idea of running two half-day workshops so that Aboriginal Health Workers could share the information we had found and promote breastfeeding in our own community. All Working Party representatives were keen, so I started gathering information and setting up a power-point presentation for the first workshop, held on Wednesday 19 May 2004, which covered the following topics:

- Overview of the breastfeeding project
- Early brain development
- Anatomy of the breast
- Changes during pregnancy
- What is in breast milk
- Reasons to breastfeed and the benefits to mother and baby

In attendance we had one medical student from Adelaide University doing placement here at Pika Wiya; one Aboriginal Health Worker from Nunyara, Whyalla; one Aboriginal Health Worker from Child and Youth Health, Whyalla; one Community Child Health Nurse; one community Midwife; and four Aboriginal Health Workers from Pika Wiya Health Service.

The second day was held on Wednesday 2 June 2004, and included topics such as:

- Attachment and positioning
- Myths around breastfeeding
- Breastfeeding and taking medications
- Breastfeeding and smoking
- Breastfeeding and drugs and alcohol
- The role of the lactation consultant
- My experience as a young mother breastfeeding

In attendance on this day we had one medical student from Adelaide University doing placement here at Pika Wiya; one Aboriginal Health Worker from Nunyara, Whyalla; two Aboriginal Health Workers from Child and Youth Health, Whyalla; one Community Health Nurse; two Pharmacists from Port Augusta Hospital, one coordinator from the Indigenous Parenting Program; one Registered Nurse; one Lactation Consultant; one young mother; one support worker from the Early Learning Program; and three Aboriginal Health Workers from Pika Wiya Health Service.

Subsequently a flipchart called 'Mummy, I want Numa' was developed. It was specifically designed for Aboriginal Health Workers and other health professionals promoting breastfeeding to Aboriginal women. I thought a flipchart would be appropriate because of the need for Aboriginal Health Workers who do hospital and postnatal visiting.

Currently, my role in Pika Wiya is to do hospital and postnatal home visits which gives me the perfect opportunity to talk to young Aboriginal mothers using the flipchart and to get valuable feedback. The design of the flipchart is targeted at this group and is compact and illustrated with diagrams so as to not overwhelm the new mothers with information.

I also felt it necessary to consult regularly with a few Aboriginal Health Workers at Pika Wiya. The feedback has been really positive as it addresses our strategy of improving the lack of appropriate breastfeeding resources for Aboriginal women.

Some future strategies which will hopefully be employed in Port Augusta and surrounding regions include employing more Aboriginal Health Workers. These workers would be leading more breastfeeding projects and programs like this within the Aboriginal Health Clinics around the State, promoting breastfeeding to women and the community. This could then open up opportunities for Aboriginal Health Workers like:

- the Community Educators' Course (Australian Breastfeeding Association)
- the Lactation Consultant Course
- the development of a CD Rom and package specifically designed for Aboriginal Health Workers to facilitate within South Australia
- Aboriginal breastfeeding support groups for young mothers within their own communities

Since finishing this project, I have been offered a 12 month contract as a Project Officer with Child and Youth Health funded by Health Promotion SA to further support the development of strategies to promote breastfeeding to the Aboriginal community across South Australia.

Under this new initiative I hope to provide strong support to those Aboriginal Health Workers who have been trained in the 'Growing Strong – Feeding You and Your Baby' manuals, and in conjunction with Health Promotion SA organize further 'Growing Strong' training workshops in the regions and continue to distribute the Aboriginal breastfeeding resources.

I will also be liaising with the Aboriginal Service Division in relation to the pregnancy flipchart being developed with funding from Health Promotion SA and utilize this in training programs if possible. Health Promotion SA is also considering conducting training workshops for dieticians, enabling dieticians to support Aboriginal Health Workers to promote breastfeeding.

I look forward to another promising and rewarding year of activity.

Pika Wiya Health Service Inc.



**REPORTS FROM
PROGRAMS**



INDIGENOUS HEARING HEALTH PROGRAM 2003-2004

VERONICA BRADY, INDIGENOUS HEARING HEALTH PROGRAM

The Indigenous Hearing Health Program had an impressive turn around this year. The feeling has been very positive and it has been a blessing to see the general improvement in children's hearing. The program continues to provide school screening services to all primary schools and kindergartens in Port Augusta and to the outreach areas of Nepabunna, Copley, Leigh Creek, Quorn and Marree.

ACHIEVEMENTS/OUTCOMES

An ear health doctor, Damian Mansfield, now runs an Ear Health Clinic within Pika Wiya every three months for Aboriginal children who have been referred by the Pika Wiya Ear Health Program.

Another achievement occurred on the open day at Pika Wiya for NAIDOC week 2003, when the Child Health Team held a stall for early intervention and also provided ear health screening for the children and adults who attended. Also, in August 2003, the Pika Wiya Special Needs and Ear Health Programs held a stall at Gladstone Square for Child Protection Week. We also received in-house referrals from doctors and the Port Augusta Goal, requesting hearing checks for clients.

An outreach trip, conducted in April 2004, involved a full school screening test on all of the Marree school children. This screening process involved checks on ears, eyes (vision), blood sugar levels, height, weight and blood pressure. In the evening a barbeque tea was held at the basketball court for the community. It was an excellent opportunity for the community, and especially the children, to become involved.

The Ear Health Program had 1261 client contacts with 1472 services provided to these clients.

INNOVATIVE APPROACHES AND RECENT INITIATIVES

The Hearing Health Program currently provides a soundproof hearing health room to local schools and kindergartens to screen and test children between the ages of 4 and 7 and also adults who require a hearing check. The Hearing Health Workers have also been involved in backfilling as Health Workers and also as a Clinic Supervisor. As well as this, they have been involved with working in collaboration with the Antenatal, Women's Health, Special Needs, and Eye Health Programs.

The Hearing Health Program will be busy with the handover of transport services from the Hearing Impairment Services and Australian Hearing to Pika Wiya. This means that Pika Wiya will be responsible for the collection of children from the front office of their school and transporting them to Pika Wiya for their hearing test. School screening tests will be from kindergarten, reception and years 1-7 at all Primary Schools in Port Augusta.

Australian Hearing participated in an adult hearing clinic that involved testing adults who had reduced or impaired hearing. As well, Australian Hearing has commenced using the hearing room at Pika Wiya Health Service Town Clinic and all forthcoming appointments with them will now be assessed here.

GAPS AND UNMET NEEDS

One of the major gaps in the Hearing Health Program is the lack of appropriately trained staff. It would be immensely useful if all specialized Aboriginal Health Workers trained within this health service at the first point of contact.

CONCLUSION

The Indigenous Hearing Health Program underwent significant alteration with the new Team Leader on board, and many changes have been put in place. The most important of these was the handover of ownership and responsibilities to the Hearing Health Program. As the Ear Health Program begins to expand with the school screening and adult clinics, more referrals will be made to appropriate services. Overall, the Indigenous Hearing Health Program has had another great year with all happening according to plan. As the year quickly draws to a close, we are looking forward to another challenging, yet fulfilling, year.



SPECIAL NEEDS PROGRAM ANNUAL REPORT 2003-2004

DEBBIE DOWNING, SPECIAL NEEDS PROGRAM

ACHIEVEMENTS

The Child Health Team now has a new Team Leader, Maria Calyun, who formally commenced her role with us in May 2004. We now have team meetings on a regular basis and included in these are excellent team building activities. The team is more structured, with all the members working effectively together.

The program has continued to work collaboratively with other service provider agencies to support and address issues that have been identified by the Aboriginal community. Half day visits to various centres and schools are conducted on a regular basis. We also collect and forward to the Disability Services Office accurate data on each client participating in the program.

Training completed includes the Indigenous Parenting Program manual, renal screening, medications in mental health, suicide prevention, oxygen therapy, hepatitis C and computer training.

OUTCOMES

For the period commencing 1 July 2003 to 30 June 2004 the program has had 920 client contacts, with 1070 services being provided to these clients and their families within the communities of Port Augusta, Davenport, Quorn, Hawker and also Indulkana, Mimili, and Amata. The services provided to these clients include:

- transport
- advocacy
- case management
- social support
- counselling
- intake meetings
- guardianship
- support letters
- referrals
- home visits
- medication delivery
- health education
- school and centre visits
- Family Courts child advocacy

The team sometimes provides backfill in the clinics as supervisors and Health Workers, as well as backfilling in other areas, such as Hospital Aboriginal Liaison Officer and the Antenatal and Immunization Programs whilst staff are absent or on annual leave. This is beneficial as it demonstrates integration and shows that we are multi-skilled and able to work in other environments.

The Special Needs Program is represented on various committees which include the Autism Association, the Country Carers' Forum and the Child Development Unit.

The Child Health Team now holds a Child Health Clinic once a month, working alongside the doctors and pediatricians. This clinic conducts full health screening on each child who attends. The program includes urinalysis, weight/height, vision and blood pressure examinations and helps us to refer children on to the appropriate program or service for follow-up.

INNOVATIVE AND RECENT INITIATIVES

We aid the coordination of clinics with doctors, visiting specialist services and hospital midwives to enable the community to access professionals. We also have medical students on placement.

In collaboration with Learning Together, Child & Youth Health and the Early Learning Program we have developed a Community Health Promotion group for young mothers. These meetings are held every Thursday at Willsden kindergarten and every Tuesday at Carlton Primary School.

Children and family case conferencing and service delivery are important areas for the Special Needs Program, and we provide excellent service delivery and case management to all clients.

The team works collaboratively with Women's Health, Ear Health, Immunization, Antenatal and Parenting Programs, where we participate in their service delivery.

GAPS AND UNMET NEEDS

There are frequent breakdowns in the case sharing arrangements that are essential ingredients of successfully managing case plans for high risk clients. There appears to be a need for a more effective, culturally appropriate and collaborative focus when dealing with Aboriginal individuals and families. This situation often places the responsibility wholly upon Pika Wiya to deliver the support individual clients need.

Access to respite care for families is a real issue. Families find the process they have to go through to get care very frustrating because they do not understand the way the respite access works.

The shortage of foster families available for placement of unwanted children and babies is also an issue.

ACTIVITIES

In collaboration with Country Carers, the Special Needs Program has held two luncheons for agencies and carers at the Arid Lands Botanic Gardens and two gatherings at the foreshore which were all well-attended.

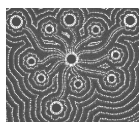
The Special Care Program has also participated in International Disabilities Day at Gladstone Square; Child Protection Week; the Croc Festival over three days; and NAIDOC Week, at which we had a stall supplying Pika Wiya child-friendly bags, cut-up fruit and we also provided activities for children.

CONCLUSION

This year has been highly successful, with some special needs children attending main stream schools and kindergartens which is a great achievement for these children, many of whom have intense needs issues. This has only been possible due to the amount of time and work invested by the program. We have worked closely with Miriam High Special Needs, the Special School and the Education Department to achieve this.

Client numbers have increased this year due to new referrals coming in from doctors, pediatricians and other programs.

The Child Health Team is working towards identified goals and implementing a number of changes to our system that will be beneficial to the communities. We hope that these changes will make our service more accessible to broader groups and look forward to the challenges next year in continuing to help and support the families and children.



WELL CHILD PROGRAM ANNUAL REPORT 2003-2004

BRONWYN WARREN, WELL CHILD PROGRAM

GOALS AND PRIORITIES

We aim to provide antenatal care to women and to improve the health status and well-being of all Aboriginal children in Port Augusta and surrounding communities.

PROGRAMS PRESENTED

The Well Child Aboriginal Health Worker has coordinated an antenatal program at Pika Wiya Health Service in collaboration with Dr Thomas and the community midwives. This takes place two days per week and provides antenatal care to a large number of women from Port Augusta, Coober Pedy, Oodnadatta and Roxby Downs. When the clients arrive, they are screened by the midwife and Health Worker. They are also provided with information relevant at the time, and encouraged to ask questions.

The Well Child Worker has also been involved in the Ear Health Program, which includes visiting schools and kindergartens to screen children for hearing loss. This also means working with Child and Youth Health Services. The Well Child Worker is also responsible for ordering the drugs for the pharmacy at Pika Wiya on a fortnightly basis.

ANTENATAL AND POSTNATAL

The antenatal worker has attended and supported two births in the labour ward, as requested by clients. It was a privilege to have been there for the births and also an exciting and emotional moment. The Port Augusta Hospital now has a female Obstetrician so that high-risk clients do not have to go to Adelaide for delivery. The Antenatal Worker provides the following services:

- booking specialist appointments and ultrasound appointments for clients
- transporting clients to their appointments
- filling out Centrelink forms and acting as an advocate
- follow-up home visits, both antenatal and postnatal
- offering tours of the labour ward to first-time mothers or mothers who haven't been to the ward before
- one-on-one client contact, involving sharing information and knowledge about smoking, nutrition, exercising, etc. during pregnancy
- visits to maternity wards to offer parent education for new mothers, informing about bottle feeding, breastfeeding, immunizations and health issues
- accompanying clients to organizations for housing, such as the Salvation Army and South Australian Housing Trust

CHILD HEALTH

The Child Health Worker has conducted home visits to weigh babies and see how they are going after they have been discharged from hospital. The Child Health Worker has also been assisting the Ear Health Program in the screening of children from different schools and kindergartens for hearing loss. The transporting of children and mothers to pediatric appointments at the hospital and to specialist appointments is also part of the Child Health Worker's job.

RECENT INITIATIVES

- backfilling in clinics while staff are away or training; in particular, in the Ear Health Program for six weeks, organising during this time an adult ear clinic which was very successful
Screening during this period took place at Flinders View Primary School and Quorn kindergarten.
- the engineering of a school screening program at Marree which involved testing blood pressure, blood sugar level, vision, hearing, weight, height and oral health
- planning a Well Child Clinic to take place at Pika Wiya in August 2004
- facilitating outreach trips to Leigh Creek Area School in November 2003 and April 2004
- working closely with staff on Casuarina Ward and developing a wonderful communication link

ACHIEVEMENTS AND OUTCOMES

Damian Mansfield continues to come to Pika Wiya to see children with major hearing problems and most have been referred on to the ear, nose and throat specialists and have had medical treatment or surgery.

Certificates received: Indigenous Parenting Manual; Core of Life training; diabetes education update; educational forum on mapping a breast cancer journey after diagnosis

Workshops attended: Mental health issues and assessment methods; oxygen therapy training; hepatitis C; computer training; breastfeeding project; behavioural management for children; pharmacy in-service

Health Promotion activities include the Croc Festival, NAIDOC Week and Drug and Alcohol Free Day at Davenport community; and workshops at the Stirling North, Carlton and Flinders View Primary Schools, Marree School and TAFE Childcare.

GAPS AND UNMET NEEDS

The service has been without a nutrition program for over two months, and when nutrition and dental health education sessions were conducted at various schools the Child Health Worker was called upon to fill this gap. Four workers from the Child Health Team are sharing one car, thereby making it difficult as we are working around each other when we need to go out on home visits.

STATISTICS

From 1 July 2003 to 30 June 2004 there were 1,448 client contacts, with the majority being from the antenatal program.

SUMMARY

This year has been very busy and, as always, challenging. I have been able to build and establish good rapport with clients and their families. It has been very enjoyable and rewarding. As part of the program I have been able to offer culturally sensitive information to our Aboriginal families. The community midwives have been very supportive over this last year. We look forward to another busy year.



DIABETES PROGRAM ANNUAL REPORT

NOBLELENE MACKENZIE-STUART, DIABETES ABORIGINAL HEALTH WORKER

Pika Wiya Health Services established a Diabetic Program to provide a Primary Health Care service to all Aboriginal clients with diabetes. The core function of this program is to help clients manage their existing illness, thus preventing complications later in life.

The program is staffed by Diabetic Education which provides:

- one-to-one counselling
- medical supplies
- care planning
- advocacy and support
- home visits
- registration – Diabetes SA
- group work
- HbA1C checks
- clinical support
- liaison with medical officers

These are just some of the existing services which are provided by the Diabetic Educator. The Educator also provides outreach services to the communities of Hawker, Quorn, Leigh Creek, Copley/Nepabunna, Beltana and Davenport which are located in the Pika Wiya Health Service's catchment area.

INNOVATIVE APPROACHES AND RECENT INITIATIVES

- The Diabetes Aboriginal Health worker initiated the first Diabetes Strength Awards 2003. The purposes of this award were to increase the emotional wellbeing of diabetic clients, to build a rapport with diabetic clients, to further encourage diabetic clients to better manage their diabetes, and to make diabetes education and promotion more positive and enjoyable when delivered to the community.
- A resource tool was developed, including the Diabetes Client Request Form.
- Diabetes educational sessions were planned and implemented with special guest speakers for the remainder of 2004, for example, a dietician, Flinders Terrace Health Service and the regional Diabetes Coordinator of the Northern and Far Western Regional Health Service – July 2004; Royal Society of the Blind; Dental Program (Pika Wiya Health Service); continence information; Port Augusta Domiciliary Care; Podiatrist Allied Health Services.

ACHIEVEMENTS AND OUTCOMES

- Services were expanded to clients from the Port Augusta, Quorn, Hawker, Yapalla, Leigh Creek, Copley, Nepabunna and Marree regions.
- Outreach services were conducted in Copley, Nepabunna and Yapalla in 2003.
- There was a presentation at the Merna-Mora Diabetes Camp in December 2003.
- HbA1C testing was conducted for QAAMS.
- An evolving working system was implemented in the Diabetes Program which is providing the diabetic community with a sense of stability and professional support.

- As the Diabetes Aboriginal Health Worker, I attended 20 both in-house and intra-agency health promotion meetings, and ordered diabetes management items on behalf of clients.
- Existing networks/working relationships with both clients and other services were strengthened.
- We participated in the Indigenous Drug & Alcohol Free Day 2004.
- Client diabetes information files were revised and updated and the diabetes cycle of care procedures was implemented.
- Training was undertaken through the Hepatitis Council 2004.
- First aid training was conducted from the 14th-15th October 2003.
- Pharmacy in-service training was conducted at Pika Wiya Health Service Inc.
- Indigenous parenting training was undertaken by the team.
- A diabetes workshop was held Adelaide 2004.
- Media training took place at the University of South Australia, Whyalla Campus 2004.
- Cardiovascular training took place at Nukuwarrin Yunti, June 2004.
- A breast cancer book launch and workshop was held in June 2004.
- A chronic illness training workshop was held at the Whyalla Hospital, 2004.
- A team building exercise was conducted at Spear Creek 8th May 2004.
- A one-to-one cultural awareness and education session dealing with diversity within Aboriginal cultures was conducted at the Davenport Community, Umeewarra Mission & Port Augusta Contemporary History. It was explained how all many factors impact on Aboriginal health, particularly in relation to diabetes.

BARRIERS AND UNMET NEEDS

- No previous formal structure were evident.
- There is a lack of a designated male Diabetes Health Worker.
- Due to the large and growing number of diabetic clients within the region (in excess of 300 are identified) it is essential to have a Diabetes Health Workers Team to meet the demand.
- Inadequate accommodation, overcrowding and lack of designated confidential and storage areas continues to be a problem.
- Appropriate training in *Medical Director* and CME that guarantees the quality and integrity of data collected is required.

SERVICES PROVIDED TO CLIENTS: 2195

- assessment: 189
- cross referral assessment: 6
- review : 11, check visit: 3
- counselling/support therapy (home based): 34
- bereavement counselling (home based): 1
- counselling/support therapy (centre based): 34
- nursing service: 6
- nursing service (centre based): 20
- social support : 25
- equipment delivery: 85; equipment collection: 69; equipment review: 85
- transport services direct: 69
- abortive visits: 58

- education and information (one-to-one): 481
- mutual support/education (group): 46
- care coordination: 8
- face to face health promotion: 100
- health promotion talks: 40
- public health information: 1
- community support/advocacy: 84
- community consultation: 2
- hospital in-patient visit: 9
- telephone contact with clients: 11
- contact with relatives/carers regarding clients: 86
- interaction with other service providers regarding clients: 305
- report writing/clinical notes: 51
- travel time: 136
- administration: 4
- data management activities: 108
- professional support: 24
- meetings: 1
- research: 1

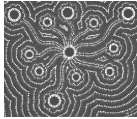
client contact total: 1120

plus approximately 600 at the Indigenous Drug & Alcohol Free Day

CONCLUSION

Working in the Diabetes Program has been an extremely rewarding experience even though I have filled this position only recently. I am very passionate about the work and I know that I have a lot to offer the both program/service and the community. I would like to continue to move forward and further develop the program and do more outreach and health promotion in the community. I would also like to receive further training and attend both national and international meetings and conferences with other Diabetes Aboriginal Health Professionals.

Another facet of my role is to provide medical students with a one-to-one Aboriginal cultural awareness session when allocated to the Diabetes Aboriginal Health Worker. Medical students gain an increased understanding of how Aboriginal culture impacts on Aboriginal diabetic client's management of their illness.



EMERGENCY RELIEF PROGRAM ANNUAL REPORT 2003-2004

LEONARD LESTER, EMERGENCY RELIEF OFFICER

Before the appointment of a full time Emergency Relief Worker five years ago, the Program had no clear direction or guidelines on how to deliver the ER funding grants it received from the Federal Government. This caused confusion and frustration for both staff and clients alike. With the appointment of a Worker in 1999 the program started to develop and take shape. Instead of different staff from the Finances section dropping whatever they were doing and attending to the needs of the clients, which could take up to one to three hours to resolve, we now had someone who would interview and assess the client on the spot. The process did not take too long and clients were being seen by one contact person on a regular basis.

The ER Worker started to get a clear understanding of some of the issues affecting our clientele and started to improve the quality and consistency of service delivery to the clients. By attending regular monthly interagency meetings the ER Worker was able to get a clearer picture of the issues and problem that most people on low income face day to day. This led to involvement with the planning and setting up of the Port Augusta Meal Services (PAMS) kitchen, and this program has been running for the last three years with the support of the Interagency Group.

The ER Worker is Pika Wiya's representative at these meetings and from time to time will report back and express opinions to the supervisor on issues and problems that may effect the Service's clientele, such as the high cost of electricity in the state, SAHT disruptive tenancy policy, the increase in poverty in this country and the lack of employment for Aboriginal people.

AGL & STAYING CONNECTED

Electricity bills are still one of the main problems that clients are struggling with. Many present with either a high account, a reminder notice, a debt collector letter or a disconnection letter. The Staying Connected Program has employed additional workers to handle the increasing demands of clients ringing to get on to the Program and the Staying Connected scheme.

The role of the ER Worker is to contact Staying Connected and negotiate on behalf of the client an affordable amount to be paid on a fortnightly basis and to fill out the Centrepay forms and mail them off to the Centrelink office. This is a growing problem and needs to be addressed by the general community and welfare agencies. When assessing clients, the ER Worker is able to pass on information and give some practical advice on how to save or conserve electricity due to the fact that last year he did an Energy SA – Home Energy Audit.

STATISTICS AND FIGURES

This financial year the Commonwealth Government has required that all agencies receiving funding for emergency relief collect and provide two surveys of basic data and report this information back to them in September 2004. This will be an ongoing process. The information the Government requires the agencies to collect is:

- How many episodes of Emergency Relief assistance were provided by your agency in this financial year? (That is, how many times we provided assistance.)
- How many clients did your agency assist in this financial year? ('Clients' means the primary person presenting for assistance.)

To get this information and set up an accurate database system for our ER Program we approached Robert Cugley of the Pt Augusta Salvation Army Welfare Program who had developed a database system for their ER Program. He was able to install this program for us and when called upon will come in and assist if we have problems or need to modify the program to suit our needs.

All the data entry for the 2003-2004 financial year has been completed. The task ahead is to collate, sort and correct any discrepancies.

WYATT BENEVOLENT INSTITUTION/CENTREPAY

A total of 25 applications were filled out and sent off to Wyatt which helps disadvantaged individuals or families who are in financial hardship. The main requests have been for white goods.

PWHS has signed up with Centrelink to become a Centrepay agent. The purpose is to assist clients financially who need to purchase medical equipment for their illnesses or have applied for financial assistance through a benevolent institution for white goods or furniture, but are on a low income.

TELSTRA BILL ASSISTANCE PROGRAM

This year we were able to secure an additional \$1000 from Telstra, bringing the total amount to \$3000 for offering assistance. We assisted 35 clients with vouchers and hope to get the same amount of assistance this coming financial year.

GAMBLING RELATED PROBLEMS

Gambling is still one of the biggest problems in our community: too many of our clients are caught up in this no-win situation. They're spending a lot of time, effort and money in trying to win big prizes. The sad, cold fact is that very few ever win at all. It's the families and the communities who suffer the most. There are social and emotional problems that result from consistent and habitual gambling. When interviewing clients I give them some information regarding the effects of gambling.

EMERGENCY RELIEF

STATISTICAL REPORT FOR THE PERIOD 1/7/03 TO 30/6/04

Total clients	381
Total new clients	319
Total episodes	685

Assistance given	Numbers	Total \$
Accommodation	33	2232.00
AGL	81	500.00
Food	363	13345.00
Other	55	235.00
PAMS	87	1006.00
Telstra	15	265.40
Travel	62	2774.00
Total assistance 697 \$20,257.40		



HEALTHY LIFESTYLES REPORT FINANCIAL YEAR 2003-2004

CLINTON DADLEH, ACTING HEALTHY LIFESTYLES WORKER

GOALS AND PRIORITIES

- Improve the HIV/AIDS Sexual Health Program to achieve better sexual health and well-being outcomes for the Aboriginal population.
- Improved access to the PWS HIV/AIDS Sexual Health Program by the community and other local, regional and state service provider agencies, key stakeholders and agencies.
- Improve communications and relationship with the Aboriginal population, service providers and key stakeholder agencies.
- Develop a clinical component for the HIV/AIDS Sexual Health Program.
- Develop, implement and evaluate the 2005 HIV/AIDS sexual health activities to effectively prioritise future directions clinical services and health promotion resources.

ACHIEVEMENTS AND OUTCOMES

It is difficult to evaluate the outcomes of sexual health programs as all of the statistics have been recorded as clinical consultations or as women's health statistics rather than specifically as sexual health statistics. Sexual health education and prevention strategies have been combined with contact tracing of clients, which has been coordinated through the clinical setting, with the clients' statistical information recorded in the clinical area. Therefore, accurate recordings of contacts in the Sexual Health Program have been limited.

INNOVATIVE APPROACHES AND RECENT INITIATIVE

- Workers will have further input into the Croc Festival planned for 2005. The major focus for youth over the age of 15 will be information, education and prevention strategies related to sexual health.
- Plan and coordinate a sexual health seminar for the youth of the community.
- Seek funding for the establishment of a clinical service within Pika Wiya Health Service Inc.
- Develop a closer work relationship with the Royal Flying Doctors Service's newly established Sexual Health Clinic.
- Develop and implement a specialist Male Health Clinic and Female Health Clinic on a monthly basis. The clinics will screen, intervene, detect, diagnose and manage sexual health and HIV/AIDS related illness in a clinical setting.
- Implement several community information sessions for the wider aboriginal population.
- Reconnect and maintain linkages with various agencies.
- Maintain further involvement with the Pika Wiya Health Promotions Committee for greater participation in health service delivery in Pika Wiya's catchment areas.



HACC

ANNUAL REPORT 2003-2004

CHERYL MCKENZIE, HACC COORDINATOR

The HACC Program for the Aboriginal population of Port Augusta commenced operation in June 1987. This program delivers Home Help and Domiciliary Care to referred clients and assists them in their dealings with other organizations as well as educating and informing the wider community about the needs and culture of aged and disabled Aboriginal people.

The HACC Program consists of one coordinator, two Aged Care Workers in Port Augusta and two Aged Care Workers in Whyalla, with 128 clients currently receiving our services. The main thrust of this program is to:

- maintain frail and elderly clients and those with disabilities in their own homes rather than in institutions
- encourage family involvement throughout all aspects of the program

Services offered within this program are:

- providing home help and providing linen
- helping with personal issues (care and home visits)
- assisting with shopping
- conducting the tablet run on medical officers' referral through Webster packs
- providing social support and advocating for clients
- laundry service with other agencies
- Mai run
- transporting clients who cannot use public transport

To ensure our clients have access to mainstream services I have been referring clients to:

- Domiciliary Care
- ACAT
- Wyatt
- Aged Rights

At the request of clients, I will accompany mainstream staff to the clients' homes to ensure that they receive services relevant to their needs and that they develop a better understanding of what's available.

MAI PROGRAM

- Due to funding constraints we can only deliver 10 meals a day.
- Currently, new referrals requesting Mai are referred to Meals on Wheels at the Port Augusta Hospital. There is a fee for Meals on Wheels which is met by the clients.
- The Mai is ordered as required from the Northern Hotel and delivered to the clients' homes at 1:30pm daily. Clients are still receiving nutrition and culturally acceptable meals.

HACC WHYALLA

Pika Wiya Health Service expanded the HACC program to Whyalla on the 1st July 2002.

The main services clients request are:

- home help
- home visits
- medication
- shopping
- transport
- doctor appointment
- shopping
- attending funerals
- community social events

HACC staff also interact with service providers such as:

- Domiciliary Care
- Aged Care information
- Wyatt
- Salvation Army
- St Vincent de Paul

We are encouraging clients over the age of 60 to be involved in monthly information sessions relating to Aged Care and disabilities issues.

Overall the HACC Program is successful in many areas and is meeting the needs of the frail aged and clients with disabilities. Family involvement is encouraged throughout the program.

Our one-to-one contacts with clients in Port Augusta and Whyalla from the 1st July 2003 to the 30th June 2004 was 7082.



IMMUNISATION ANNUAL REPORT

JAN RIORDAN, IMMUNISATION PROGRAM

GOALS

- Increase awareness and participation in maintaining immunisation status.
- Improve immunisation percentage 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

- 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 immunisation to the specific target population which has high prevalence rates of influenza and pneumococcal disease in the PWHS area in order to improve the health and well-being of Aboriginal families.
- Maintain an immunisation register and recall system and continue the high percentage rates of fully immunised children as per the NHMRC 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 98.8% (May 2004). Immunisation data is sent into the Australian Childhood Register (ACIR) electronically as children are immunised. By maintaining the immunisation rate at over 90%, Pika Wiya is able to receive bonus payments under the GPII Scheme.

Commencing in February 2004, I have been able to claim a Medicare payment for all clients who are provided with an immunisation service at PWHS. The flu campaign has assisted these payments this year and provides an income base for Pika Wiya.

The influenza/pneumococcal campaign has been successful with 496 clients immunised since the commencement of the program on March 9 2004. 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 four programs within the PWHS under NHRMC guidelines. These are:

- Current NHRMC Scheduled Immunisation Program
- Infant Pneumococcal Program
- Meningococcal C Program (1-19 years)
- Influenza/Pneumococcal Program (adults)

The Influenza/Pneumococcal Program provided an outreach service to Port Augusta Gaol, Copley, Nepabunna, Wami Kata, Davenport, Women's Centre, and Nunyara in Whyalla. I

have completed most of my outreach work on the Flu Campaign and my clerical assistance was completed in May with Kerry Dadleh. We are entering the data on *Medical Director* so that it will be more user friendly and accessible to the doctors during their consultation with clients.

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

The Standing Drug Orders for Pika Wiya Health Service have been updated by the South Australian Immunisation Unit and have been endorsed and signed for another 12 months, after which time they will be reviewed.

Later in the year I plan to run a program giving adult diphtheria and tetanus to many of the clients aged 50 and over, who have not been updated for many years.

SUMMARY

The year has been both busy and rewarding. There has been an increase in attendance of clients receiving vaccinations and as a result Pika Wiya Health Service has an excellent percentage of fully immunised children and adults.



ORAL HEALTH PROGRAM 2003-2004

DR ELEANOR PARKER & THE ORAL HEALTH TEAM

CLINICAL SERVICE

The dental clinic in 2003/04 was open four days a week. Children were seen in the School Dental Program for two of these days by the dental therapist, Helen Mills. The other three days are for adult patients who are treated by Dr Eleanor Parker. Dr Parker is also responsible for overseeing the treatment of the school children.

We have a continuing problem with patients who fail to attend (FTA) their appointments. Reminders are sent to all patients in the week prior to the appointment and an attempt is made to contact the patients appointed for that day, but the incidence of FTA is still high. We now allocate the afternoon appointments on adult clinic days as 'emergency' appointments which cannot be filled until that morning. In this way we have been able to reduce our FTA rate slightly. On school dental days we try to overcome this by overbooking in the hope of having a busy day. We feel that we need to offer a service that is different from the mainstream and that our expectations need to be flexible.

We would like to see the parents of our school patients become more responsible for the appointments. On the other hand, we have many patients who, although chronic FTA, have eventually had their treatment completed through our perseverance. These patients would have been made inactive in the mainstream system. We hope that we are changing client attitudes so that they understand that pain does not always have to be the premise for dental visits.

Total school dental and adult patient appointments:

Failed to attend: 709
Cancelled: 221

Chris Coulthard, our driver, continues to offer patients a wonderful transport and support service. Recently we have also had Robyn Branson working part-time as a receptionist for our School Dental Program.

We believe that high risk patients need support to improve their health. With this in mind we are active in preventative dentistry. Children classified as being at a high risk of developing further disease are appointed for three-monthly fluoride treatments so that they have regular individual maintenance. We are active in health promotion in the community and in the schools and kindergartens. We believe that this exposure helps the children relate to us better in the clinic.

Maria Calyun has recently won the position of Team Leader of the Child Health Team. This has meant that we have not had an Aboriginal Primary Health Care Worker (APHCW) working specifically with our team. We have recognised that working as a team with other areas of health is a more effective way of delivering a service. We also value the wonderful relationship APHCWs have with clients at Pika Wiya. For these reasons we ran an Oral Health Workshop to update the knowledge of the APHCWs. This workshop was very well received and there has been evidence of effectiveness.

Three dental students from the University of Adelaide Dental School, supported by the Spencer Gulf Rural Health School, delivered the presentations for the workshop. We have heard of incidences where oral health has been addressed with clients in non-dental areas. We will be holding future workshops so that more APHCWs can attend.

The University of Adelaide has had some NH&MRC funding which we have been able to utilise to employ Helen and Kristy Lynch for some additional hours for research and health promotion. We are in the process of developing some health education resources. Students from the Dental School have been working with us on this project.

OUTREACH

In April we travelled to Marree with the Health Promotion Team. On this visit we were able to examine the children and also promote dental health. The children have since visited the clinic at Pika Wiya while on a school trip and we were able to take x-rays of those who required them. In October we have a trip planned to treat the children. Children from Leigh Creek, Nepabunna and Copley were examined in Leigh Creek by a SA Dental Service team. We have been trying to get these patients to Pt Augusta for treatment.

We are looking forward to another year where we can refine the services we offer and expand new ideas and focus on community health promotion and disease prevention.

Pika Wiya Health Service Inc. Oral Health Program			
Clinical services provided by dentist only: 2003/04 financial year			
Services provided to clients			
Total patients	338		
Total visits	585		
Total services	1814		
Breakdown of major service areas			
<i>key to services provided codes</i>			
<i>short name</i>	<i>full name</i>		
EXAM	Examination		
EMEX	Emergency Examination		
CLEAN	Cleaning		
INSTR	Oral Hygiene Instruction		
EXTRAC	Extraction		
RCSERV	Root Canal Service		
FILL	Filling		
PRESC	Drug Prescription		
Services	YTD		
<i>code</i>	<i>count</i>		
EXAM	84		
EMEX	219		
CLEAN	64		
INSTR	75		
EXTRAC	175		
RCSERV	67		
FILL	195		
PRESC	72		
Total	951		

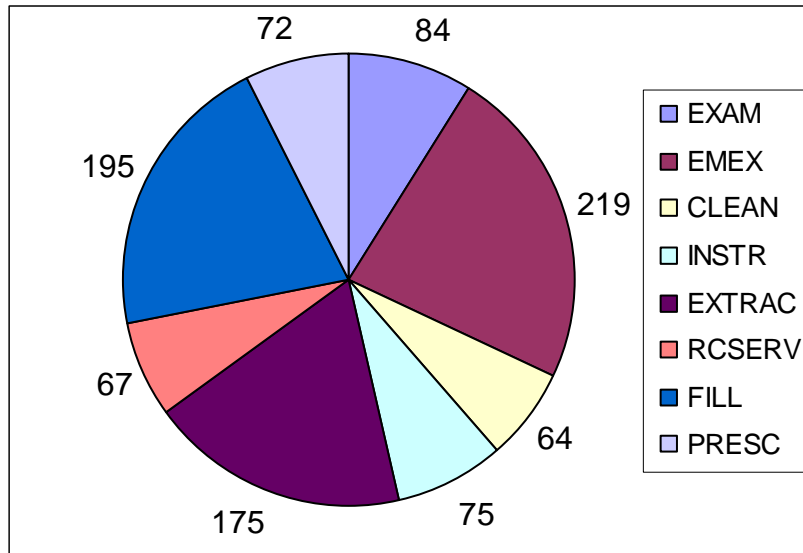
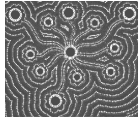


Figure 1 Clinical services provided by dentist only: 2003/04 financial year



SOCIAL AND EMOTIONAL WELL-BEING PROGRAM

KATHY VERRAN, TEAM LEADER

THE TEAM

The Social and Emotional Well-being (SEWB) Team currently consists of Kathy Verran, the Team Leader; Colin Roughton, who is a Generalist Counsellor; Frank Jackson and Carmen Dadleh, Aboriginal Health Workers.

MENTAL HEALTH

Mental Health was identified as an area of need this year by the Social and Emotional Well-being Team. From February 2003 until June 2004, a Project Worker was employed by Northern and Far Western Regional Health (NFWRH) to assess the need and develop a model of service delivery. The outcome of this has been that there is an indication that funding will be available from the Department of Health and NFWRH for a 12 month period to establish a mental health team within the SEWB Team.

At present there is no indication of whether funding will be recurrent. There will be a concerted effort this year to try to ensure that ongoing funding is secured.

Positive liaison continued this year with workers from the Magistrates Court Diversion program. We are currently working with five people through this process of adjournment and case management.

Mental health patient reviews are still occurring as is the use of psychiatric appointments and teleconferences with psychiatrists from Rural and Remote.

DRUG AND ALCOHOL PROGRAM

One of the initiatives this year was to trial a more targeted approach to working with alcohol issues. A ten week structured program was initiated to work with men who had indicated that they wished to reduce or cease their drinking. Although the numbers of men in the group were small (4), the initiative was not insignificant as all of the men reduced their drinking.

STATISTICS

Statistics for this period have been estimated as there would have been many contacts either unrecorded or *ad hoc*. There were approximately 150 clients and 1040 contacts for the year.



SHARING HEALTH CARE CHRONIC DISEASE PROGRAM 2003-2004

DAMIAN COULTHARD & FIONA COULTHARD-STANLEY

Again, the past 12 months have been filled with much trepidation and expectation. Damian began as the male worker in this program and his first duty was training in some of the 'tools' that we use. Our financial year began with NAIDOC Week celebrations and our contribution was taking part in an Open Day at Pika Wiya, showcasing this program and organising an Elders luncheon which approximately 60 people attended at the Parish Hall.

As part of the Service's partnership with Spencer Gulf Rural Health School we have delivered presentations on Pika Wiya Health Service and also provided cultural awareness sessions to students of varying disciplines, and we continue to be invited to take part in organisational planning days, thus expanding our network.

Our sessions on Tuesdays have covered various topics, such as healthy weights, budgeting, palliative care services, diabetes, Art for Heart, chronic disease self management (or LIFE course), just to name a few. Damian took part in the 'Ride for Heart' horse ride from Hawker to Copley to raise money and awareness for heart disease. The ride was endorsed by the Heart Foundation and came at a time when they had been thinking of ways to highlight heart disease in Aboriginal communities.

Our camp held at Merna Mora was again a success. Twenty-six participants attended and enjoyed the evening singalongs and beautiful surrounds.

The adaptations to the Chronic Disease Management Manual continue and as a result, I (Fiona) am now a licensed Master Trainer in Chronic Disease Self-management. I was one of the seven Australians chosen to take part in the course held at Stanford University in California, USA. This would not have been possible if it had not been for the support of OATSIH and the Department of Health and Aging in Canberra, and I take this opportunity to extend my gratitude.

Health promotions throughout Port Augusta and our catchment area are ongoing. We have plans to deliver the LIFE Program in our outreach areas in the near future, as well as to take advantage of services that are already in place. With Craig Edward's parting, it has been quite a chore to continue the momentum that he established while here, but life goes on, and for the Health Promotions Committee now, it's onwards and upwards.

As part of our relationship with other organisations that service our outreach communities, we again were asked to take part in organising the third Remembrance Day held in Copley. This day proved to be as successful as it has previously been and we shall continue to contribute our time and resources to further our association with other service providers to benefit our communities.

Thanks to Kate Warren and Angela Russell from Spencer Gulf Rural Health and to Julie Brown, Director of Nursing, Leigh Creek Hospital for their valued support throughout the year and to anyone else who has had something to do with the way this Program has progressed.

We thank Pika Wiya Health Service for giving us the flexibility to be able to provide a wide range of services to our community but especially thank our community for the support they have given us.

CHRONIC DISEASE REPORT FOR 2003 TO 2004

Pika Wiya Health Service has been fortunate enough to secure funding for this financial year and for year 04/05 to build a self-sustainable chronic illness initiative or enhanced primary health care model.

The appointment of Jan-Marie Grantham, a highly skilled Registered Nurse, to lead the Enhanced Primary Health Care Program has provided the momentum for a fully resourced program during the rest of this year and into the future.

The philosophy of '*Our Health in our Hands*' and '*Help us to Help Ourselves*' has been applied to the Enhanced Primary Health Care initiative that is designed to prevent, detect, intervene and case manage chronic illness.

To date we have been able to deploy a number of staff who are directly responsible for the Enhance Primary Health Care Service delivery. The model incorporates a holistic, integrated service delivery model whereby clients from every program are identified and encouraged to participate in health assessments.

This model signals a new era in health care services with a requirement to change attitudes and alter mindsets in order to promote a multi-disciplinary and fully integrated service delivery. One of the strategies being implemented includes every patient being triaged as they enter the clinic, thus enabling a comprehensive review to take place. Overdue actions, tests and recalls are picked up and dealt with on the spot. With the advent of this model Pika Wiya Health Service has demonstrated its commitment to improving the health and wellbeing of Aboriginal people by incorporating prevention through education and awareness of preventable diseases, with another phase being early detection with appropriate intervention and management.

The Service has recognised a need to provide appropriate opportunities to build the individual and collective capabilities of all clinical and program staff as an ongoing process. An initial schedule of training was created by those staff who nominated areas of learning they want to revise, review or acquire. The training is conducted within the unique Centre of Learning collaboratively by (Tutors & RNs) Lynnette Little and Rachael Press. Training is a combination of theory and demonstration together with practical support in a clinical setting.

Data integrity of patient records has been greatly improved due to a number of key factors:

- a major upgrade of information technology capacity and capabilities
- all patient records duplicated onto an electronic data base (*Medical Director*)
- increased staff training in *Medical Director* and CME

Two key goals form part of Pika Wiya Health Service's strategic plan:

- Improve the health and well being of Aboriginal people.
- Advocate and review the health system and service delivery for Aboriginal health.

In the light of these goals, Pika Wiya has commenced specialist clinic days at Dartmouth Street Clinic. These include a nominated specific Women's Health Day, Men's Health Day, Diabetes Clinic, Child Health Clinic, Chronic Illness Clinic, Health Assessment Clinic over 55 years and 15-54 years Health Assessment Clinic. It is proposed that resources will also be allocated to provide aged care assessments both in the clinic and in some cases within the clients' homes.

Pika Wiya is committed to improving the health status of all Aboriginal and Torres Strait Islander people contained within our defined region.



ANNUAL REPORT, WOMEN'S HEALTH PROGRAM

DORALEEN WARRIOR, HEALTH WORKER, WOMEN'S HEALTH PROGRAM

I began working at Pika Wiya Health Service in the Women's Health Program in February 2004. From the 8th March to the 17th June, 2004 I also assisted with the Antenatal Program which has now been handed over to Bronwyn Warren so I can concentrate more on the Women's Health Program. Whilst living in Alice Springs, I completed the Aboriginal Health Worker Level 3 Clinical and worked at the Central Australian Aboriginal Congress (CAAC) for three and half years.

The goal of the Women's Health Program is to improve the health and wellbeing of Aboriginal women of all ages, based on an understanding of health within a social, physical, emotional and spiritual context. A broad range of social, environmental, geographical, economical and biological factors determines health.

The Women's Health Program should be acceptable, accessible and appropriate to women's needs, therefore increasing women's participation in the planning of the service. Access to relevant, timely and clear information about their health and health care is needed to assist women in taking responsibility for the maintenance and improvement of their own health, in preventing specific problems and in seeking appropriate assistance when necessary.

The Women's Health Program services Port Augusta, including the Davenport Community, and operates within the outreach clinics based at both Copley and Nepabunna. Some of the services that are offered within the Women's Health Program are:

- Well Women's Check Clinics
- birth control education
- sexual health and education
- home visits
- substance misuse and guidance
- organizing workshop and promotional activities
- transport to and from appointments and intra-state travel
- liaison with relevant community groups, health professionals, organizations and agencies
- advocacy on behalf of clients
- pregnancy and childbirth
- hospital visits
- health and lifestyle
- domestic violence

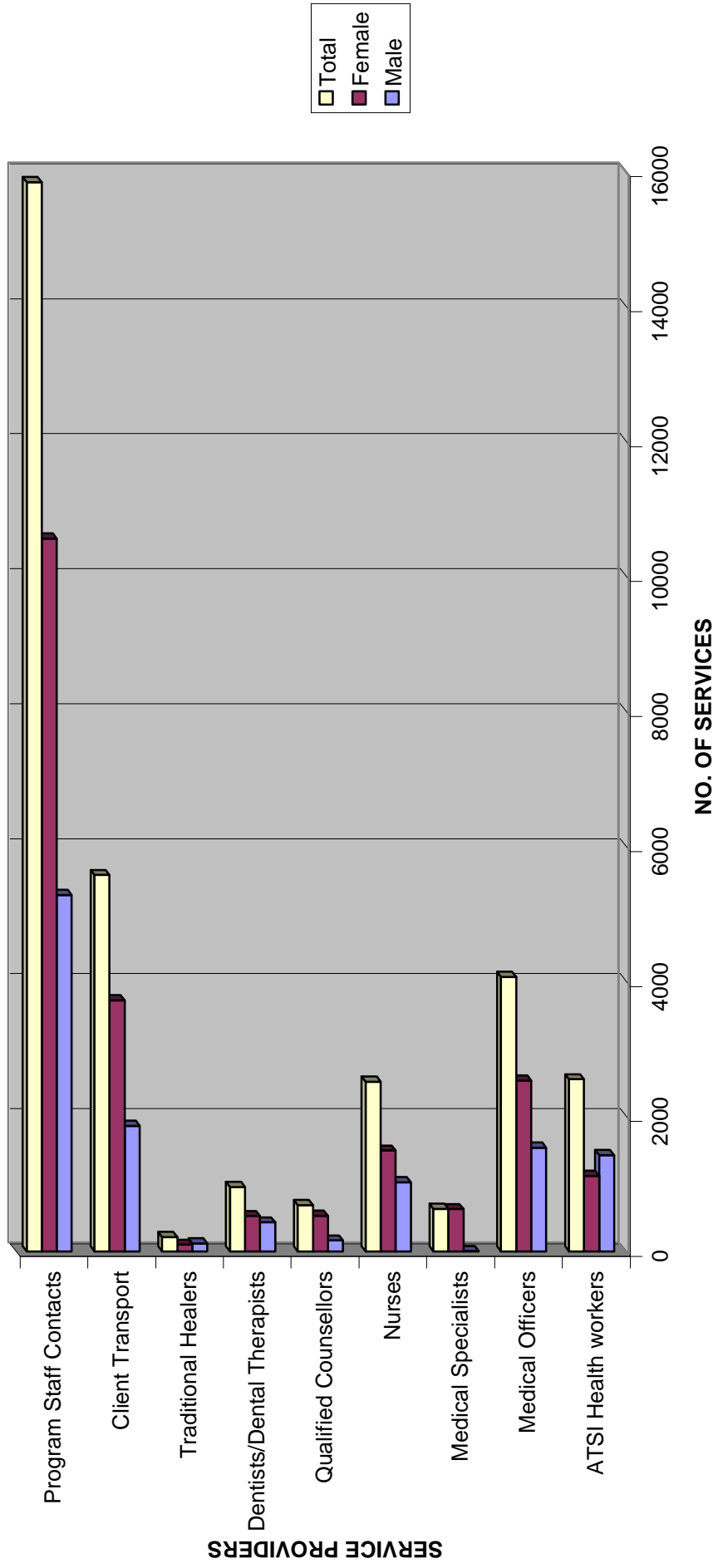
The above is a snapshot of some of the services the Women's Health Program, but there are many more.

STAFF TRAINING AND WORKSHOPS ATTENDED

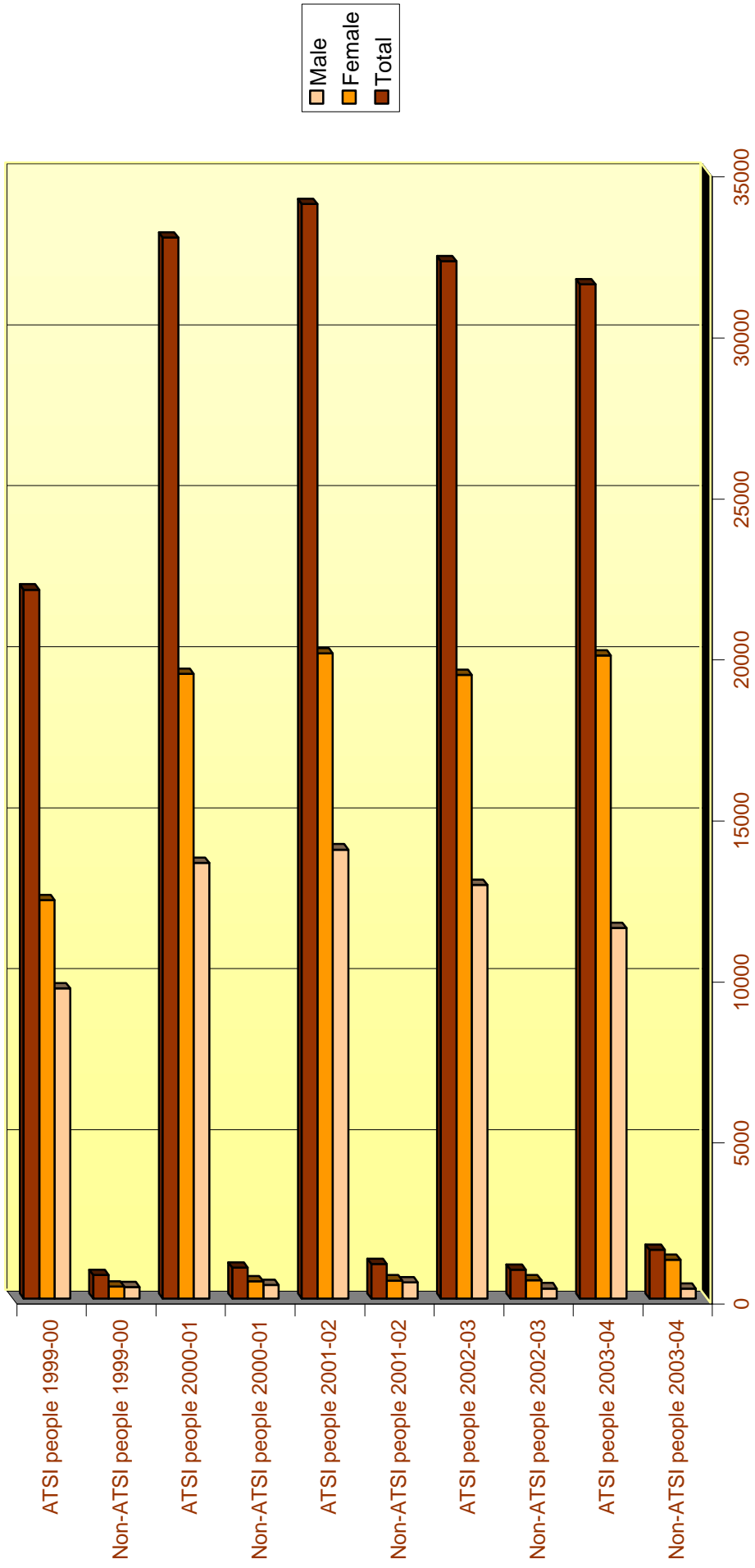
- Core of Life Workshop
- Breast Cancer Workshop
- Cardiovascular Workshop
- Breastfeeding Workshop
- Mental Health Workshop
- Computer training

In closing, I would like to say that I am finding the position in the Women's Health Program challenging and exciting, but more so, rewarding, knowing that I can assist clients towards making a positive change to their health and wellbeing.

PWHS SERVICES DELIVERED 2003 -2004



**PIKA WIYA HEALTH SERVICE INC.
SERVICES DELIVERED**

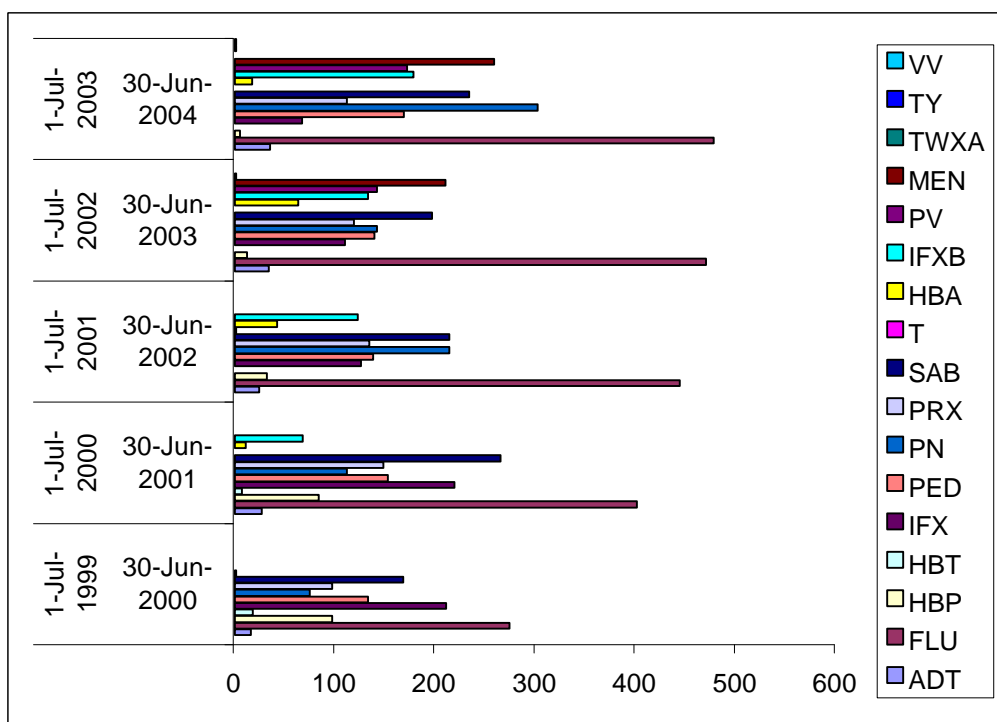


SERVICE DELIVERY BY PWHs



Pika Wiya Health Service Vaccine Statistics from 01 July, 1999 to 30 June, 2004.

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



KEY TO VACCINE CODES

ADT=Adult Diptheria and Tetnus

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

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

FLU=Influenza Vaccine + FRX + FXV+VGP

HBT=Haemophilus Influenzae Type B (HbOC)

IFX=Diphtheria, Tetanus & Pertussis - acellular

IFXB=DTPa & HepB combined

MEN=Meningococcal "C" Vaccine MJUG + NVC

PRX=Measles,Mumps & Rubella + MMR

PED=Haemophilus Influenzae Type B (PRP-OMP)

PN=Pneumococcal Vaccine

PV=Pneumococcal Vaccine Prevenar 7vPCV

SAB=Oral Polio Vaccine

TA=Diphtheria, Tetanus & Pertussis

T=Tet-Tox

TWXA=Twinnix - Adult

TY=Typhoid

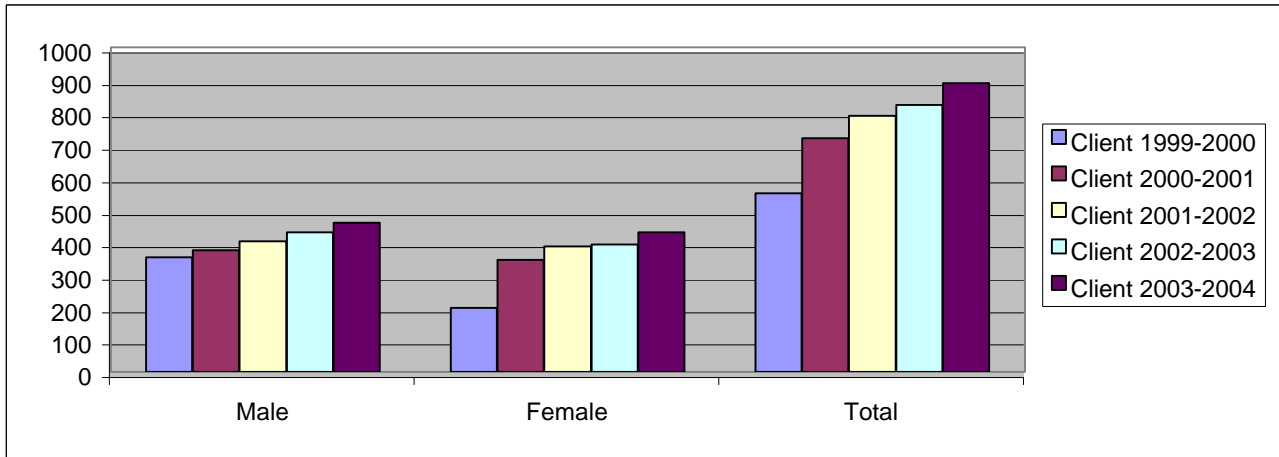
VV=Varicella Vaccine (Chickenpox)

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

Pika Wiya Health Service Vaccine Statistics By Gender from 01 July, 1999 to 30 June, 2004.

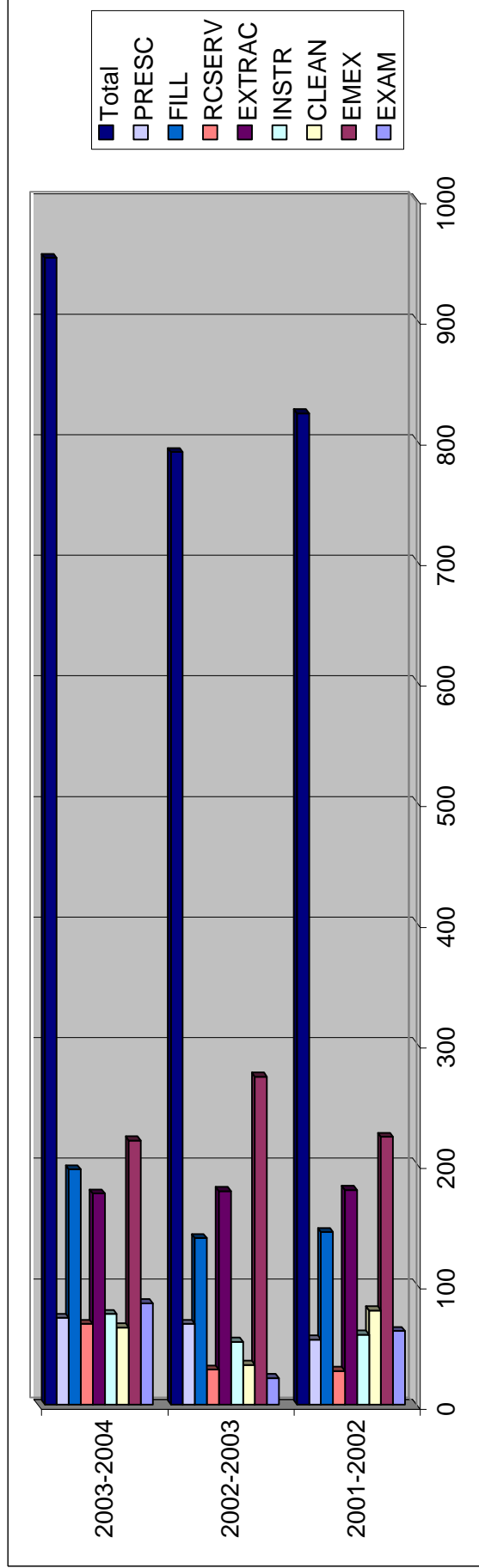
These figures represent active clients who have received one or more vaccinations per year

Clients Attending By Sex



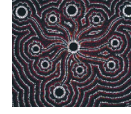
Client Attend	Client				
	1999-2000	2000-2001	2001-2002	2002-2003	2003-2004
Male	353	375	403	430	459
Female	197	345	386	392	430
Total	550	720	789	822	889

Pika Wiya Health Service Inc.
South Australian Dental Service
Major Services Provided to Clients 1/7/2002 to 30/6/2004.



Services Full Name	2001-2002	2002-2003	2003-2004
Examination	61	22	84
Emergency Examination	222	272	219
Cleaning	78	33	64
Oral Hygiene Instruction	58	52	75
Extraction	178	177	175
Root Canal Service	28	29	67
Filling	143	138	195
Drug Prescription	54	67	72
Total	822	790	951

Pika Wiya Health Service Inc.



FINANCIAL REPORT



ELECTRICITY USAGE, PIKA WIYA HEALTH SERVICE INC.

	Electricity 2003-04			
Facility name	Account number	Retailer (AGL or Origin)	Cost \$	Consumption (kwh)
Community Health Centre	906,804,000,006	AGL	25,473	182,280
Davenport Clinic	708,386,600,009	AGL	5,898	36,040
Copley	979,213,700,003	AGL	1,623	9,158
Nepabunna Clinic	703,547,800,002	AGL	1,524	8,813
Nunyara Wellbeing Centre	950,531,178,545	AGL	3,269	18,460

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

**PricewaterhouseCoopers
ABN 52 780 433 757**

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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 2004 included on the web site of Pika Wiya. Pika Wiya are 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 2004 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 2004.

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
Pika Wiya Health Service Inc (continued)**

Audit approach

We conducted an independent audit in order to express an opinion to the Board 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.

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.

When this audit report is included in an Annual Report, our procedures include reading the other information in the Annual Report to determine whether it contains any material inconsistencies with the financial report.

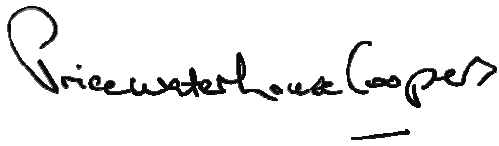
While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

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

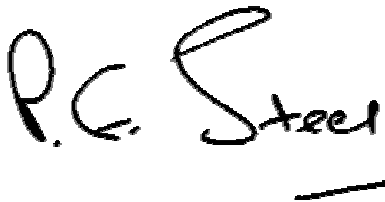
Independent audit report to the Board of
Pika Wiya Health Service Inc (continued)

Independence

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



PricewaterhouseCoopers



PG Steel
Partner

Adelaide
28 September 2004

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

PricewaterhouseCoopers
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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 2004 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 2004.

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 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.

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.

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

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.

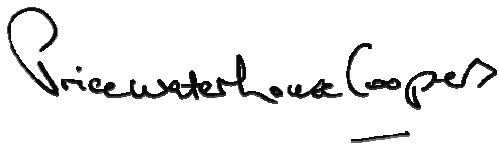
When this audit report is included in an Annual Report, our procedures include reading the other information in the Annual Report to determine whether it contains any material inconsistencies with the financial report.

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.

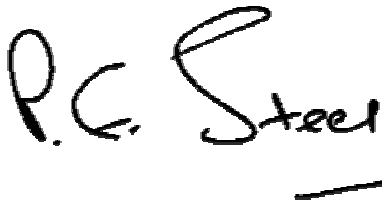
Our audit did not involve an analysis of the prudence of business decisions made by directors or management.

Independence

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



PricewaterhouseCoopers



PG Steel
Partner

Adelaide
28 September 2004

Pika Wiya Health Service Inc.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2004

1 Objectives

The Pika Wiya Health Service 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 Human Services, 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 the 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 2004.

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.

2.2 Reporting Entity

Pika Wiya Health Service Inc. produces its own financial statements. These 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 or payroll 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 Pika Wiya Health Service Inc. 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's 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 Pika Wiya Health Service Inc. are usually subject to terms and conditions set out in contracts,

Grants that are provided 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 provided by Pika Wiya Health Service Inc. to entities are subject to terms and conditions set out in contracts,

2.8 Revenues from / Payments to SA Government

Grants and contributions for funding are recognised as revenues when Pika Wiya Health Service Inc. obtains control over the assets. 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, 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 Service Inc. capitalises all non-current physical assets with a value of \$5,000 or greater in accordance with Accounting Policy Statement 2 Asset

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 & Biomedical Equip	Straight Line	5 - 10
- Computing Equipment	Straight Line	5
- Power Generation & Transmission	Straight Line	30
- Other Plant and Equipment	Straight Line	3 - 20
Intangibles	Straight Line	5
Community and Heritage	Straight Line	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

Pika Wiya Health Service Inc. makes contributions to several superannuation schemes operated by the State Government, and a number of non government 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 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 2004 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 5 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 & 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 Human Services 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 for the Premier and Cabinet. 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 Human Services.

2.20 Special Purpose Funds

Pika Wiya Health Service Inc. receives Special Purpose Funds under grant funding arrangements with the department of Human services, the Commonwealth Government and other entities. The amounts are controlled by the Health Service and used to help achieve 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's operations are managed as part of the State Government Insurance Program. Pika Wiya Health Service Inc. pays an annual premium to the Department of Human Services. The Department 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 Workers Compensation

In accordance with the Department of Treasury and Finance's Model Financial Statements Pika Wiya Health Service Inc. has disclosed the workers compensation liability as a Provision. Previously this liability was disclosed under Employee Benefits.

3.2 International Financial Reporting Standards

The adoption of Australian equivalents to International Financial Reporting Standards in 2005 will not have a significant impact on the accounting policy of Pika Wiya Health Service Inc. and the reported financial position and financial performance. The potential impacts are not perceived to be material and relate mainly to the format of the Statement of Cash Flows, recognition of intangible assets, the classification of non-current assets held for sale, the revaluation of non-current assets and the treatment of revaluation decrement and increments within a class of asset. Pika Wiya Health Service Inc. is managing the transition through consultation and training with the Department of Human Services and the Department of Treasury and Finance.

4 Employee Expenses

	2004
	\$'000
Wages and Salaries	2,789
TVSP (refer below)	0
Long Service Leave	65
Annual Leave	160
Employment on-costs	0
Superannuation	256
Board Fees	0
Other	87
Total Employee Expenses	3,357
Targeted Voluntary Separation Expenses (TVSP's)	2004
	\$'000
TVSP's paid to employees during the reporting period	0
Recovery from the Department of Premier and Cabinet	0
Annual Leave and Long Service Leave accrued over the period	0
Number of employees that were paid TVSPs during the reporting period	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 2004
	No. Employees
\$100 000 - 109 999	0
\$110 000 - 119 999	0
\$120 000 - 129 999	0
\$130 000 - 139 999	0
\$140 000 - 149 999	0
\$150 000 - 159 999	0
\$160 000 - 169 999	0
\$170 000 - 179 999	0
\$180 000 - 189 999	0
\$190 000 - 199 999	0
\$200 000 - 209 999	0
\$210 000 - 219 999	0
\$220 000 - 229 999	0
\$230 000 - 239 999	0
\$240 000 - 249 999	0
\$250 000 - 259 999	0
\$260 000 - 269 999	0
\$270 000 - 279 999	0
\$280 000 - 289 999	0
\$290 000 - 299 999	0
\$300 000 - 309 999	0
Total remuneration received or due and receivable by employees whose remuneration exceeded \$100 000	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.

5	Supplies and Services		2004
			\$'000
	Advertising		14
	Bad and Doubtful Debts		14
	Brokerage Fees		0
	Communications		65
	Computing Expenses		73
	Contractors - Contract Management		23
	Contractors - Agency Staff		6
	Consultants		20
	Drug Supplies		114
	Electricity, Gas & Fuel		45
	Fee for Service		102
	Finance Lease Contingent Rentals		0
	Food Supplies		44
	Housekeeping		42
	Insurance		26
	Interstate Patient Transfers (DHS only)		0
	Medical, Surgical & Laboratory Supplies		63
	Minor Equipment		40
	Motor Vehicle Expenses		199
	Occupancy Rent & Rates		65
	Patient Transport		85
	Periodical, Journals & Publications		10
	Postage		4
	Printing & Stationery		51
	Private Medical Services Expenses		0
	Rental Expense on Operating Lease		0
	Repairs & Maintenance		58
	Staff Training & Development		38
	Staff Travel Expenses		41
	Other Supplies and Services		68
			1,310
	Auditor Fees - Auditing Financial Reports		28
	Auditor Fees - Other Services		0
	Total		1,338

No other services were provided by Pika Wiya Health Service's Auditor

			2004
			\$'000
	The number and dollar amount of Consultancies paid/payable that fell within the following bands:	No.	
	Below \$10,000	0	0
	Between \$10,000 and \$50,000	4	4
	Above \$50,000	1	16
		0	0
	Total paid / payable to consultants engaged	5	20

6	Depreciation and Amortisation		2004
			\$'000
	Depreciation		
	- Buildings & improvements - General		47
	- Leasehold Improvements		1
	- Site Improvements		0
	- Buildings & Improvements - Major		0
	- Computing Equipment		23
	- Medical, Surgical, Dental and Biomedical Equipment		8
	- Motor Vehicles		17
	- Power Generation and Transmission		0
	- Other Plant and Equipment		16
	- Medical, Surgical, Dental and Biomedical Equipment - Major		0
	- Plant and Equipment - Major		0
	- Other Depreciation		0
	Total Depreciation		112
	Amortisation		
	Buildings and Improvements under Finance Lease		0
	Motor Vehicles under Finance Lease		0
	Plant and Equipment under Finance Lease		0
	Other Amortisation, including Intangible Assets (nature to be specified if material)		0
	Total Amortisation		0
	Total Depreciation and Amortisation		112

7	Grants and Subsidies Paid / Payable		2004
			\$'000
	Research and Development		0
	Health promotions		36
	Other		170
	Total Grants and Subsidies		206

8	Other Expenses		2004
	Other Expenses paid/payable to entities external to the SA Government		
	Cost of sales		0
	Other		0
	Total Other Expenses - Non SA Government entities		0
	Total Other Expenses		0

9	Fees and Charges		2004
			\$'000
	Fees and charges received/receivable		
	Patient and Client fees		341
	Residential and Other Aged Care Charges		0
	Private Practice Fees		0
	Other User charges		231
	Total Fees and Charges		572

10	Other Grants and Contributions Received / Receivable	2004
		\$'000
	Commonwealth Grants and Donations	1,882
	Commonwealth Aged Care Subsidies	0
	Other Grants	217
	Assets, Supplies and Services Received Free of Charge or for Nominal Value - see (i) below	0
	State Government Grants	0
	Total Grants and Contributions	2,099
	(i) Assets, Supplies and Services Received Free of Charge or for Nominal Value	2004
		\$'000
	Land & Improvements	0
	Plant & Equipment	0
	Other (specify material items)	0
	Total Assets, Supplies and Services Received Free of Charge or for Nominal Value	0
11	Interest	2004
		\$'000
	Interest from entities within the SA Government	0
	Other	36
	Total Interest Received	36
12	Net Gain / (Loss) from Disposal of Assets	2004
		\$'000
	Land Buildings	3
	Proceeds from disposal	3
	Net book value of assets disposed	3
	Net Gain / (Loss) from disposal of Land and Buildings	0
	Plant and Equipment	0
	Proceeds from disposal	0
	Net book value of assets disposed	0
	Net Gain / (Loss) from disposal of Plant and Equipment	0
	Total Assets	3
	Proceeds from disposal	3
	Net book value of assets disposed	3
	Net Gain / (Loss) from disposal of Assets	0
13	Other Revenue	2004
		\$'000
	Donations and Bequests	0
	Separation Packages Recovered / Recoverable	0
	Other	0
	Total Other Revenue	0
14	Revenue from South Australian Government	2004
		\$'000
	Department of Human Services Contributions for the provision of general health services recognised in Statement of Financial Performance	0
	Recurrent Appropriations	1,555
	Capital Appropriations	320
	Total Revenues from South Australian Government	1,875
15	Cash	2004
		\$'000
	Cash at Bank or On Hand - Non-government financial institutions	595
	Deposits with the Treasurer	0
	Other	0
	Total Cash	595
	Included in the above cash amounts are the following special purpose funds :	0
	Accommodation Bonds	0
	Capital Equipment Fund	0
	Employee Salary Sacrifice Monies held by Salary Sacrifice Administrators	0
	Nursing Home Funds	0
	Private Practice Special Purpose Funds	0
	Residential Aged Care Funds held in trust	0
	Total	0
	Special Purpose Funds are controlled by Pika Wiya Health Service Inc. and used to achieve the Pika Wiya Health Service Inc. objectives. Specific uses can be determined by the grantor or donor.	
16	Receivables	2004
		\$'000
	Current	548
	Receivables	548
	Less: Provision for Doubtful Debts	(13)
	Accrued revenues	0
	GST Receivable	71
	Total Current Receivables	606
	Non Current	84
	Receivables	84
	Less: Provision for Doubtful Debts	0
	Total Non-Current Receivables	84
	Total Receivables	690

17	Investments	2004
	Current	\$'000
	Term Deposits:	
	- Finance Institutions	0
	- SA Government Financing Authority	0
	Other Investments	0
	(specify if material)	
	Total Current Investments	0
	Non Current	
	Term Deposits:	
	- Finance Institutions	0
	- SA Government Financing Authority	0
	Other Investments	0
	(specify if material)	
	Total Non-Current Investments	0
	Included in the above investment balances are the following:	
	Accommodation Bonds	0
	Capital Equipment Fund	0
	Employee Salary Sacrifice Monies held by Salary Sacrifice Administrators	0
	Nursing Home Funds	0
	Private Practice Special Purpose Funds	0
	Residential Aged Care Funds held in trust	0
	Other Special Purpose Funds - please provide details below :	0
	[Please specify]	0
	[Please specify]	0
	Total	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	2004
		\$'000
	Drug Supplies	5
	Medical, Surgical and Laboratory Supplies	0
	Food and Hotel Supplies	0
	Engineering Supplies	0
	Other	0
	Total Inventories	5
19	Property, Plant and Equipment	2004
	Land and Buildings	\$'000
	Land only Holdings (at fair value)	0
	Site Land (at fair value)	209
	Land - Major (at fair value)	0
	Land at Fair Value	209
	Buildings and Improvements (at fair value)	2,314
	Buildings and Improvements - Major (at fair value)	0
	Buildings and Improvements under Finance Lease (at fair value)	0
	Site Improvements (at fair value)	0
	Buildings and Improvements under Construction (Work in Progress)	0
	Buildings at Fair Value	2,314
	Accumulated Depreciation - Buildings and Improvements under finance	0
	Accumulated Depreciation - Buildings and Improvements other than under Finance Lease	155
	Accumulated Depreciation	155
	Total Land and Buildings	2,368
	Leasehold Improvements	
	Leasehold Improvements at Fair Value	35
	Accumulated Amortisation	3
	Total Leasehold Improvements	32
	Plant and Equipment	
	Computing Equipment (at Fair Value)	437
	Medical, Surgical, Dental and Biomedical Equipment (at Fair Value)	146
	Medical, Surgical, Dental and Biomedical Equipment - Major (at Fair Value)	0
	Motor Vehicles (at Fair Value)	154
	Power Generation and Transmission (at Fair Value)	0
	Plant and Equipment - Major (at Fair Value)	0
	Other Plant and Equipment (at Fair Value)	281
	Motor Vehicles under Finance Lease (at Fair Value)	0
	Plant and Equipment under Finance Lease (at Fair Value)	0
	Plant and Equipment under Construction (Work in Progress)	0
	Total Plant and Equipment at Fair Value	1,018
	Accumulated Depreciation - Computing Equipment	186
	Accumulated Depreciation - Medical, Surgical, Dental and Biomedical Equipment	83
	Accumulated Depreciation - Motor Vehicles	133
	Accumulated Depreciation - Power Generation and Transmission	0
	Accumulated Depreciation - Other Plant and Equipment	153
	Accumulated Amortisation - Plant and Equipment under Finance Lease	0
	Accumulated Depreciation	555
	Total Plant and Equipment	463
	Total Property, Plant and Equipment	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.	

19 Property, Plant and Equipment (Cont..)

Reconciliation of Land and Improvements

The following table shows the movement of Land and Improvements during 2003-04

	Site Land \$'000	Buildings & Improvements \$'000	Leasehold Improvements \$'000	Capital Works In Progress \$'000
Carrying amount at beginning of Financial Year	209	2,190	36	
Additions		16		
(Disposals)			(3)	
Revaluation Increment / (Decrement) (Write-off Non-Current Assets)				
(Depreciation and Amortisation for year)		(47)	(1)	
Acquisition / (Disposal) through Administrative Restructuring				
Acquisition / (Disposal) from transfer				
Other movements				
Carrying amount at end of Financial Year	209	2,159	32	0

Reconciliation of Plant and Equipment

The following table shows the movement of Plant and Equipment during 2003-04

	Medical/ Surgical/Dental \$'000	Computer Equipment \$'000	Power Generation \$'000	Other Plant/Equipment \$'000
Carrying amount at beginning of Financial Year	64	72		146
Additions	7	203		38
(Disposals)				
Revaluation Increment / (Decrement) (Write-off Non-Current Assets)				(1)
(Depreciation and Amortisation for year)	(8)	(23)		(35)
Acquisition / (Disposal) through Administrative Restructuring				
Acquisition / (Disposal) from transfer				
Other movements				
Carrying amount at end of Financial Year	63	252	0	148

20 Intangible Assets

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

21 Other Assets

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

22 Payables

	2004 \$'000
Current	
Creditors	423
Accrued Expenses	0
GST Payable to the ATO	22
Employment On-Costs (incl Superannuation)	33
DHS Budget Over-run	0
Other Payables	1
Total Current Payables	479
Non-Current	
Creditors	0
Accrued Expenses	0
Employment On-Costs (incl Superannuation)	2
DHS Budget Over-run	0
Other Payables	0
Total Non-Current Payables	2
Total Payables	481

23A Employee Benefits

	2004 \$'000
Current	
Annual Leave	136
Long Service Leave	135
Accrued Salaries and Wages	90
Other	2
Total Current Employee Benefits	363
Non Current	
Long Service Leave	22
Other	0
Total Non-Current Employees Benefits	22
Total Employee Benefits	385

In the 2004 financial year, the benchmark for the measurement of the long service leave liability has been amended based on an actuarial assessment and has been revised from 7 years to 5 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

	2004
	\$'000
Accrued Salaries and Wages	
On-costs included in payables - current (note 22)	9
Provision for employee benefits (Accrued Salaries & Wages) - current (note 23A)	90
	<u>99</u>
Annual Leave	
On-costs included in payables - current (note 22)	12
Provision for employee benefits - current (note 23A)	136
	<u>148</u>
Long Service Leave	
On-costs included in payables - current (note 22)	12
Provision for employee benefits - current (note 23A)	135
	<u>147</u>
On-costs included in payables - non-current (note 22)	2
Provision for employee benefits - non-current (note 23A)	22
	<u>24</u>
Total Long Service Leave	<u>171</u>
Other	
On-costs included in payables - current (note 22)	0
Provision for employee benefits - current (note 23A)	2
	<u>2</u>
On-costs included in payables - non-current (note 22)	0
Provision for employee benefits - non-current (note 23A)	0
	<u>0</u>
Total Other	<u>2</u>
Aggregate Employee Benefits and Related On-Costs	<u>420</u>

24 Provisions

	2004
	\$'000
Current	
Provision for workers compensation	39
Total Current Provisions	<u>39</u>
Non-Current	
Provision for workers compensation	81
Total Non-Current Provisions	<u>81</u>
Total Provisions	<u>120</u>
Carrying amount at the beginning of the period	<u>104</u>
Increase in the provision	16
Decrease in the provision	0
Carrying amount at the end of the period	<u>120</u>

25 Other Liabilities

	2004
	\$'000
Current	
Lease Incentive	0
Unearned Revenue	0
Total Current Liabilities	<u>0</u>
Non-Current	
Lease Incentive	0
Total Non-Current Liabilities	<u>0</u>
Total Liabilities	<u>0</u>

26 Equity

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

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*

The imprest account of \$0 was repaid to the Treasurer during 2003-04.
 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	2004				2003		
	Floating Interest Rate	Non-Interest Bearing	Total Carrying Amount	Weighted Avg Effective Interest Rate %	Floating Interest Rate	Non-Interest Bearing	Total Carrying Amount
Financial Assets:	\$'000	\$'000	\$'000	xx.xx	\$'000	\$'000	\$'000
Cash	595	0	595	4.50%	1,375	0	1,375
Receivables	0	690	690		0	240	240
	595	690	1,285		1,375	240	1,615
Financial Liabilities							
Payables	0	479	479		0	300	300
	0	479	479		0	300	300

(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 assets approximates net fair 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 net 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 **2004**
\$'000

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	6
Less than one year but not later than five years	0
Later than five years	0
Total Capital Commitments	6

Pika Wiya Health Service's capital commitments are for completion of shade sails at Unique Centre of learning..

Other Commitments

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

Finance Lease Commitments

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

29 Transferred Functions

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

30 Contingent Assets and Liabilities

Disclosure requirements:

- (a) A brief description of the class of contingent assets and liabilities
- (b) An indication of the uncertainties relating to the amount or timing of any future sacrifice or inflow of economic benefit
- (c) An estimate of the potential effect, measured in a manner consistent with measuring techniques (as per AASB1044) or a statement that it is practicable to make such an estimate; and
- (d) For each class of contingent liability, the existence and amount of any possible recovery.

	2004 \$'000
Quantifiable Contingent Obligations	0
1)	0
2)	0
Total Quantifiable Contingent Obligations	0

31 Cash Flow Reconciliations

	2004 \$'000
Reconciliation of Cash - Cash at year end as per	595
Statement of Cash Flows	595
Statement of Financial Position	595
Reconciliation of Net Cash provided by Operating Activities to Net Cost of Services:	
Net cash provided by / (used in) operating activities	(522)
(Less) Revenues from Government	(1,875)
Add/Less non cash items	
less Depreciation of Property, Plant and Equipment	(112)
less Amortisation	0
Revaluation increments / (decrements)	0
Net (Gain)/Loss on Disposal of Assets	0
Changes in Assets / Liabilities	
Increase / (Decrease) in Receivables	450
Increase / (Decrease) in Inventories	(1)
Increase / (Decrease) in Other Current Assets	(4)
(Increase) / Decrease in Employee Benefits	(47)
(Increase) / Decrease in Payables and Provisions	(195)
(Increase) / Decrease in Other Liabilities	0
Net Cost of Services from Ordinary Activities	(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
Cheryl McKenzie
Maxine Sultan
Margaret Stuart
Edith Burke
Cephas Stanley
Charles Jackson
Paul Tanner

	2004 \$'000
Aggregate Board Fees received or receivable by members of the Board of Directors (as members of the Board only) amounted to:	0

	No. of Directors
The number of Pika Wiya Health Service Inc. Board of Directors members included in the above figures are shown in their relevant	
\$ Nil to \$9,999	10
\$10,000 to \$19,999	0
\$20,000 to \$29,999	0
Total	10

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.

**PIKA WIYA HEALTH SERVICE INC.
STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2004**

	Note	2004 \$'000	2003 \$'000
EXPENSES FROM ORDINARY ACTIVITIES			
Employee Expenses	4	3357	3035
Supplies and Services	5	1338	1322
Depreciation and Amortisation	6	112	119
Grants and Subsidies	7	206	319
Borrowing Costs		0	0
Net Expense Resulting from a Correction of an Error		0	0
Other	8	0	5
Total Expenses from Ordinary Activities		<u>5013</u>	<u>4800</u>
REVENUE FROM ORDINARY ACTIVITIES			
Fees and Charges	9	572	469
Other Grants and Contributions / Commonwealth Revenue	10	2099	2176
Investment Income / Interest	11	36	57
Net Gain or (Loss) from Disposal of Assets	12	0	24
Resources Received Free of Charge	10	0	0
Net Revenue Resulting from a Correction of an Error		0	0
Other	13	0	54
Total Revenue from Ordinary Activities		<u>2707</u>	<u>2780</u>
NET COST OF SERVICES FROM ORDINARY ACTIVITIES			
		<u>2306</u>	<u>2020</u>
REVENUES FROM / PAYMENTS TO SA GOVERNMENT			
Revenues from SA Government - (DHS Contributions for Provision of General Health Services)	14	1875	1578
NET RESULT FROM ORDINARY ACTIVITIES			
		<u>-431</u>	<u>-442</u>
Extraordinary Expenses		0	0
NET RESULT BEFORE RESTRUCTURING			
		<u>-431</u>	<u>-442</u>
Increase / (Decrease) in Net Assets due to Administrative Restructure	26	0	0
NET RESULT AFTER RESTRUCTURING			
		<u>-431</u>	<u>-442</u>
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 recog		0	0
Total Revenue, Expenses and Valuation Adjustments Recognised Directly in Equity		0	0
TOTAL CHANGES IN EQUITY INCLUDING THOSE RESULTING FROM TRANSACTIONS WITH THE STATE GOVERNMENT AS OWNERS			
		<u>-431</u>	<u>-442</u>

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 2004**

	Note	2004 \$ '000	2003 \$ '000
CURRENT ASSETS			
Cash	15	595	1375
Receivables	16	606	168
Inventories	18	5	6
Investments / Financial Assets	17	0	0
Other	21	0	4
Total Current Assets		1206	1553
NON-CURRENT ASSETS			
Receivables	16	84	72
Investments / Financial Assets	17	0	0
Inventories	18	0	0
Land and Improvements	19	2400	2435
Plant and Equipment	19	463	282
Intangibles	20	0	0
Capital Works in Progress	19	0	0
Other	21	0	0
Total Non-Current Assets		2947	2789
TOTAL ASSETS		4153	4342
CURRENT LIABILITIES			
Payables	22	479	300
Interest Bearing Liabilities	27	0	0
Finance Leases	28	0	0
Employee Benefits	23	363	322
Provisions	24	39	34
Other	25	0	0
Total Current Liabilities		881	656
NON-CURRENT LIABILITIES			
Payables	22	2	2
Interest Bearing Liabilities	27	0	0
Finance Leases	28	0	0
Employee Benefits	23	22	16
Provisions	24	81	70
Other	25	0	0
Total Non-current Liabilities		105	88
TOTAL LIABILITIES		986	744
NET ASSETS		3167	3598
EQUITY			
Contributed Capital	26	0	0
Accumulated Surplus		3167	3598
Asset Revaluation Reserve		0	0
TOTAL EQUITY		3167	3598
Commitments for Expenditure	28	6	0
Contingent Liabilities and Assets	30	0	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 2004**

	Note	2004 \$ '000	2003 \$ '000
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash Outflows			
Payments to Government		0	0
Employee Payments		-3289	-3035
Supplies and Services		-1539	-1639
Grants and Subsidies Paid		-206	0
Borrowing Costs		0	0
GST Payments on Purchases		-122	-190
GST Remitted to ATO		-254	-265
Extraordinary Payments		0	0
Other		-118	-48
Total Outflows from Operating Activities		<u>-5528</u>	<u>-5177</u>
Cash Inflows			
Receipts from Government (DHS Contributions for the provision of General Health Services)		1472	1578
Fees and Charges		572	469
Other Grants and Contributions / Commonwealth Receipts		2285	2173
Interest Received		36	57
Dividends Received		0	0
GST receipts on Receivables		294	218
GST input tax credits		130	212
Extraordinary Receipts		0	0
Other Receipts		217	857
Total Inflows from Operating Activities		<u>5006</u>	<u>5564</u>
NET CASH INFLOWS/(OUTFLOWS) FROM OPERATING ACTIVITIES	31	<u>-522</u>	<u>387</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Cash Outflows			
Purchase of Property, Plant and Equipment		-261	-489
Purchase of Investments		0	0
Total Outflows from Investing Activities		<u>-261</u>	<u>-489</u>
Cash Inflows			
Proceeds from Sale of Property, Plant and Equipment		3	71
Proceeds from Sales/Maturities of Investments		0	0
Total Inflows from Investing Activities		<u>3</u>	<u>71</u>
NET CASH INFLOWS/(OUTFLOWS) FROM INVESTING ACTIVITIES		<u>-258</u>	<u>-418</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Cash Outflows			
Repayments of Borrowings		0	-11
Total Outflows from Financing Activities		<u>0</u>	<u>-11</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>-11</u>
NET INCREASE/(DECREASE) IN CASH HELD		-780	-42
Cash at the Beginning of the Financial Year		1375	1417
CASH AT THE END OF THE FINANCIAL YEAR	31	<u>595</u>	<u>1375</u>

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

Pika Wiya Health Service Inc.



APPENDIX
ORGANISATIONAL STRUCTURE

