



Annual Report

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About KAMSC

What is KAMSC?

The Kimberley Aboriginal Medical Services Council Inc. (KAMSC) is a health resource body for a group of independent Aboriginal Community Controlled Health Services (ACCHS's) in the remote Kimberley region of Western Australia.

A Brief History

KAMSC was established in 1986. The council was initially formed as a cooperative of four health districts: Broome, Kununurra Fitzroy Crossing and Halls Creek

At the time, Broome Regional Aboriginal Medical Service (BRAMS) and the Ord Valley Aboriginal Health Service (OVAHS) were the only operational Aboriginal Community Controlled Health Services (ACCHS's) in the Kimberley.

Membership was also drawn from the then developing Halls Creek health service committee and Fitzroy Crossing community representatives. These communities saw the benefit of sharing pooled resources and collective effort in the region.

KAMSC Council

Under the KAMSC institution, the governing Council comprises representatives of (6) member Aboriginal community controlled health services and (2) health service communities and health committees from across the Kimberley. Council meetings are held quarterly and typically run over 3 - 5 days.

KAMSC Services

KAMSC programs consist of service elements which are pooled among the ACCHS's. These improve efficiency, maintain specialised expertise and address issues of regional coordination and policy. KAMSC cooperative services include:

- Accounting, administration and human resource management support.
- Policy support, representation and advocacy at a regional, state and national level.
- The KAMSC Centre for Primary Health Care Training Education and Research (CAPTER), incorporating:
 - Population health program development and coordination.
 - A Registered Training Organisation (RTO) for Aboriginal Health Worker (AHW) training.
 - Rural Clinical School node for medical undergraduate education (with the University of WA).
 - GP Registrar training and education program in specialised program.
 - An Academic Pharmacist program.
- Centralised purchasing of pharmaceuticals, medical and other supplies.
- An Aboriginal Health Promotion Unit.
- A Regional Centre for Social and Emotional Wellbeing.
- Computer systems support.

The cooperative approach has been highly successful for Aboriginal people in the Kimberley.

The successes are measured by the expansion of ACCHS's and provision of improved access to quality primary health care. It is also reflected in the number of successful central resources that have been developed and the significant impact on Aboriginal health policy.

Table of Contents

Chief Executive Officer's Report	6
Chairperson's Report	8
Centre for Aboriginal Primary Health Care, Training and Research (CAPTR)	5
Health Promotion Unit	14
Social and Emotional Wellbeing	16
Information Technology	24
Bidyadanga's Report	26
Accounts Department	28
Financial Statements	29

Chief Executive Officer's Report

As Chief Executive Officer of the Kimberley Aboriginal Medical Services Council Inc (KAMSCI), it gives me great pleasure to present the 2006/2007 Annual Administrative Activity Report to the KAMSCI Members.

Once again, the year has been a challenging one. However, under the direction of our Governing Council and Chairperson John Green. KAMSCI has met the challenge, continuing to increase efficiency, effectiveness and professionalism in order to meet the priorities laid out by the Members and by the communities of the Kimberley.

With the implementation of the electronic accounting system in managing its financial management over financial payment, has made the Accountant's workload better in service delivery reducing down time in ensuring supplies and operational financial stress are reduced. KAMSCI'S growing financial demands gets greater and more demanding. KAMSCI is able to maintain their financial efficiencies and our accountability has been second to none. KAMSCI will continue to maintain a very good and strong record of transparency and to be accountable.

Service delivery in the Kutjungka region continues to develop and expand. Additional regional support from the KAMSC base has been allocated in the form of a remote area administrative support officer, responsible for arranging staff travel, overseeing Medicare processing and providing a point of coordination and liaison with KAMSC head office for remote area staff. Relocation of the position of KAMSC Population Health Support Officer to Halls Creek, located in the Yura Yungi Medical Service (YYMS) and traveling out to remote sites from the Halls Creek base, has also provided much needed support for staff in the Kutjungka.

KAMSCI, WA Country Health Services – Kimberley region and the Office of Aboriginal Health (OAH) have agreed on the transfer to KAMSCI of OAH funds for the Kutjungka GP, currently based at the Halls Creek Hospital. Under the new arrangement, KAMSCI now employs two full-time Kutjungka GP, rotating week about from their base in Halls Creek, contributing to a shared on-call roster and inpatient care at the Halls Creek Hospital and providing increased medical coverage for the Kutjungka region. Both these positions were filled early in this financial year, with 100% occupancy since.

The planning of the KAMSCI new office complex is now complete. However, KAMSCI still has not secured the land for the complex. We will continue to pursue the required land for our building, which is becoming critical given the rapid expansion of KAMSCI over recent years, as well as the growing need for additional space for both BRAMS and the KSDC, whose premises are shared with KAMSCI. It would be a significant loss if KAMSCI were unable to secure funding and be forced to wait another 10 years for the opportunity to arise again, because of the lack of access to land. Unfortunately KAMSCI's bid for continuation of the Building Solid Family program funding was unsuccessful.

Nevertheless, the program was awarded to the Link Up organization by the Office of Aboriginal Health and KAMSCI is keen to support Link Up in the continuation of this program in the Kimberley. Aboriginal Medical Services in the Kimberley have always and will continue to support other organizations in the delivery of health related programs to ensure our people receive the best services as possible.

The launch of the Kimberley Chronic Disease Therapeutic Protocols at the first Kimberley Chronic Disease Workshop in Broome was a great success. The protocols were developed in partnership with WACHS-K and the Kimberley Division of General Practice, to encourage consistency and quality in the prevention, screening and management of chronic disease for our community.

As many of you would understand KAMSCI's commitment in achieving equality in life expectancy within generations is not without its challenges, with many of the solutions to closing the gap lying beyond the immediate scope of primary health care services. However, as health service providers, we play a critical role in ensuring that our services are accessible, responsive and of high quality. Evidence based guidelines such as the Kimberley Chronic Disease Therapeutic Protocols, which have been developed specifically with our own Kimberley clients in mind, contribute in small ways to the longer term, greater goal of achieving equality of life expectancy in the Kimberley for Aboriginal people.

KAMSCI has continued to successfully represent the Kimberley Aboriginal Medical Services for the 2006/2007 financial year. It was, I believe, again a period of considerable accomplishments, with KAMSCI and its members continuing to work hard to maintain strength in collective community representation, and to provide leadership across seven central areas of strategic focus:-

- Health Services delivery
- Workforce issues
- Health financing
- Relationship management
- Health information and data collection and research
- Political advocacy, and
- Health Service support

In each of these areas, KAMSC provides a unified voice in regional, state and national forums. I have been fortunate during this financial year to continue to represent KAMSC as the Chairperson of the National Aboriginal Community Control Health Organisation (NACCHO) and as the Chairperson of the Kimberley Aboriginal Health Planning Forum (KAHPF), while at state level, KAMSCI has maintained its active support and participation with the Aboriginal Health Council of WA (AHCWA) as it goes from strength to strength.

This year KAMSCI had a visit from the Australian Indigenous Doctors Association (AIDA). The visit from this group of talented and committed Indigenous professionals to Broome and surrounding Aboriginal communities, including visits to schools, was a great inspiration. During a presentation by KAMSCI for the AIDA representatives, the need was highlighted for more Aboriginal Doctors in our workforces around the country. The visit provided a great opportunity for sharing of ideas. The AIDA representatives impressed with the regional structure of the Kimberley ACCHS and their operation as a collective to service our people, emphasizing scope for this model to be developed in other parts of the country.

The Hon Wayne Martin Chief Justice of WA also visited KAMSCI during this financial year and was impressed with the delivery of health care through the Aboriginal Medical Services in the Kimberley, including the successful operation of Kimberley Satellite Dialysis Centre. However, he was disappointed with the lack of funding by the Western Australia Government for Aboriginal Primary Health Care in the Kimberley.

Attending the International worldwide Healing our Spirit Conference in Canada was a very valuable experience. It was very impressive to see the number of Australian representatives and their contribution to a number of the recommendations. It was also pleasing to have the views of Indigenous representatives from the government sector, providing broad representation of backgrounds and viewpoints. Our experience from the Australian Aboriginal Community Controlled Health Services sector was widely seen as the way forward for Indigenous people around the world to improve access to services and delivery of health care and achieve successful health outcomes.

I was very interested in the sessions on lateral violence and believe we as Aboriginal Australians lack awareness of the negative impact of lateral violence on one another, and the way in which this form of violence continuously impinges on our progress to better serve our communities. Amongst the Australian delegation, there was a view that KAMSCI should undertake research into lateral violence within our own communities with the aim not only of improving understanding between individuals but also improving Aboriginal understanding of our sector and our services and increasing active community participation. The view was also expressed that the Australian Government should take more responsibility for the poor health of Indigenous Australians by seeing this as an Australian problem and not just an Aboriginal problem, increasing resources for Aboriginal health organisations to provide the services needed to improve the health and well-being of their communities.

However, we know that our primary health care services are not be able to address many of the underlying health issues that affect our people, without a significant, sustained and coordinated injection of resources to improve housing, environmental health and education.

For a decade the deficiency in housing and infrastructure in the Kimberley has been noted as having a significant impact on Aboriginal health outcomes. The relationship between health outcomes and environmental and infrastructure conditions is well recognised. We know for example that there is a close association between overcrowding and infectious illnesses such as respiratory infections including pneumonia, gastro-intestinal infections, bacterial infections such as salmonella, parasitic infestations including scabies, and hookworm, and the eye infection trachoma, all of which commonly affect our people.

Overcrowding and poor housing are also associated with chronic diseases in adults and their consequences. Renal disease, which affects Aboriginal people in the Kimberley at alarmingly high rates, has links to poor housing and overcrowding, as does rheumatic heart disease. In addition overcrowding is a major contributor to the poor follow up and management of conditions such as diabetes and hypertension, leading to the major killers of heart disease and stroke.

KAMSCI has highlighted a number of times that no single change could have a greater immediate and longer term impact on health than people having access to a minimal standard of housing in terms of both quantity and quality.

In conclusion, I would like to thank all the staff past and present, for their hard work dedication and commitment, in assuring KAMSCI provides top quality services and first class health care to the people of the Kimberley. I strongly believe KAMSCI successes are achieved through you, the staff.

I would also like to take this opportunity to express my gratitude and appreciation on behalf of the staff and myself to the KAMSCI Council Members, for their commitment and leadership throughout the year.

Henry Councillor
KAMSCI Chief Executive Officer

Chairperson's Report

It was my pleasure to represent the Kimberley Aboriginal Medical Services Council Inc as Chairperson of the organisation for 2006/2007 Financial year.

KAMSC and its member services have, for last quarter of a century, provided high quality, comprehensive primary health care for our communities, through a unique model of regional collaboration between Aboriginal Community Controlled Health Services and I am proud to have had the opportunity to lead this organisation as it continues to go from strength to strength.

Throughout this past financial year, KAMSCI has also continued to develop and strengthen partnerships and working relationships with other stakeholders across the Kimberley region to ensure our key outcomes are met and that our communities across the region have access to all components of health care.

While our focus is squarely on the delivery of comprehensive primary health care in our own region, the Kimberley ACCHS continue to play an important role in state and national arenas in an effort to see both the interests of the region advanced and to demonstrate our commitment to the health and well-being of Aboriginal people and of ACCHS across the country.

I would like to take this opportunity to acknowledge the motivation, vision and energy of our staff, who continue play a critical role in the development of the Kimberley ACCHS. While KAMSCI has provided national leadership in the development and implementation of high quality health training, our member ACCHS have shown dedication in their support for trainees and commitment to ongoing training and up-skilling of our workforce. The benefits are clear, both in terms of the employment opportunities and career paths we are able to offer as well as in terms of the quality of the service we are able to provide for our communities. I therefore express my thanks and appreciation, on behalf of the Council, to the KAMSC Staff for their hard work and commitment.

Finally, I would especially like to thank the KAMSC Council Members, for their full support throughout the past year. Their knowledge, expertise and leadership continues to ensure that KAMSC remains a strong and effective organisation in the interests of the health and well-being of the community.

John Green
KAMSC Chairperson

CAPTER provides training and support in the following areas:

- Aboriginal Health Worker (AHW) training.
- Pharmacy Assistant training.
- Medicine in collaboration with University of Western Australia's Rural Clinical School.
- General Practice training in partnership with WA General Practice Education & Training (WAGPET) and Australian General Practice Training (AGPT).
- Pharmacy in partnership with Combined University Centre for Rural Health (CUCRH) and Curtin University (CU).

CAPTER Staff in 2006/2007 includes:

Jennifer Poelina	Co-ordinator/AHW Educator
David Atkinson	Medical Educator
Alex Balzarelli	Medical Educator (part-time)
Carmen Quadros	Medical Educator (part-time)
Corina Pesich	Academic Pharmacist
Cassandra Matsumoto	AHW Educator/Team Leader
Jamilah Bin Omar	AHW Educator
David Batty	AHW Educator
Eddie Moore	Indigenous Health training co-ordinator
Lynette Masuda	SOHS Registrar
Rosina Haji Noor	AQTF Officer
Carlinka Mackay	Administrative Officer
Morika West	Student Support Officer

Funding for these programs is from a number of sources:

- Office of Aboriginal & Torres Strait Islander Health (OATSIH).
- Department of Employment Science & Training (DEST-ISEP) Away From Base (AFB).
- WA Department of Education & Training WADET through the Competitive Allocation Training (CAT) program.
- WA General Practice Education Training (WAGPET) & Australian General Practice Training (AGPT or GPET).
- Australian College of Remote and Rural Medicine (ACRRM).
- Rural Clinical School of Western Australia (University of WA and University of Notre Dame).
- Curtin University, Keyview Holdings and CUCRH.
- National Health and Medical Research Council.
- Healthway.
- Other research funding bodies.

AHW Training

Students were enrolled in the following Aboriginal Health Worker training for 2006 - 2007:

- Cert III in Aboriginal Health Work – 45.
- Cert IV in Aboriginal Primary Health Care Practice – 12.
- Diploma in Aboriginal Primary Health Care Practice – 10.
- Manage Medicine in Primary Health Care Setting (Med II) unit of "Advanced Diploma in Aboriginal Primary Health Care Setting" enrolments – 15.

Recruitment Drive

The 2007 Recruitment drive was carried out in September/October 2006. Staff visited communities and towns through out the Kimberley. Notices were sent to each community office and clinic and arrangements were made with the community for presentations on training offered by KAMSC. Interviews were held with 58 applications for expressions of interest.

Training offered for 2007:

- Certificate III in Aboriginal Health Care Work.
- Certificate IV in Aboriginal Primary Health Care Practice.
- Diploma in Aboriginal Primary Health Care Practice.
- Manage Medicine in Primary Health care Setting (Medication II) unit of Advanced Diploma in Aboriginal Primary Health Care Practice.
- Intro to Counselling & Factors Impacting on Mental Health.
- Emergency Skills for Remote Areas.
- Training Program in Aboriginal PHC Program Work.
- Certificate I in Community Pharmacy Assistant.
- Certificate II in Community Pharmacy Assistant.

The 2007 Aboriginal Health Worker training enrolments (45) were recruited from the following locations:

- Kununurra
- Wyndham
- Kalumburru
- Warman
- Halls Creek
- Ringers Soak
- Balgo
- Derby
- Kupungurri
- Looma
- Broome
- Beagle Bay
- Lombadina
- Bidyadanga
- South Hedland
- Roebourne
- Wiluna

Graduation June 2006

The Graduation ceremony was held on Friday the 2nd of June 2006 at the Cable Beach Club restaurant. More than 80 people attended the function which included students as well as family and close friends. Previous Health Workers also were part of the ceremony receiving their Medication II, and are now qualified as Senior Aboriginal Health Workers.

- Diploma in Aboriginal Primary Health Care Practice - 9 graduates.
- Certificate IV in Aboriginal Primary Health Care Practice - 8 graduates and 1 student with partial completion of Certificate IV.
- Certificate III in Aboriginal Health Work - 9 graduates and 1 student with partial completion of Certificate III.

All of the 2005 - 2006 graduating Aboriginal Health Workers had gained employment.

- Advanced Diploma in Aboriginal Primary Health Care Practice - (Unit: Manage Medicine in Primary Health Care Practice (Med II) - 7 graduates.

Pharmacy Assistance Training

Community Pharmacy Assistant Training was deferred for 2006 students due to low numbers and late employment of the Academic Pharmacist.

Accredited Courses for 2007 for which KAMSC is a Registered Provider:

- Cert III in Aboriginal Primary Health Care Work - 50965.
- Cert IV in Aboriginal Primary Health Care Practice - 50966.
- Intro to Counselling & Factors Impacting on Mental Health - 50969.
- Emergency Skills for Remote Areas - 50970.
- Training Program in Aboriginal PHC Program Work - 50594.
- Diploma of Aboriginal Primary Health care Practice - 50967.
- Advance Diploma in Aboriginal Primary Health Care Practice - 51060.
- Certificate I in Community Pharmacy - WRP10102.
- Certificate II in Community Pharmacy - WRP20101.
- Certificate III in Community Pharmacy - WRP30102.
- Certificate IV in Community Pharmacy - WRP40102.
- Certificate III in Health Service Assistance (Hospital & Community Health Pharmacy Assistance) - HLT31502.

The above AHW courses have been accredited until December 2007 awaiting the National Aboriginal Health Worker Training Package. An application for extension of accreditation to the Western Australian Training Accreditation Council has been made by KAMSC in October 2006.

Contribution to ongoing development of Aboriginal Health Worker career structure, and education etc.

KAMSC staff continues to provide ongoing support and advice to Aboriginal Health Workers and Employers including Kimberley Health Services in relation to industrial awards and professional status including being involved in the newly incorporated Western Australian AHW association.

KAMSC has continued to invest considerable effort at a state and national level in safeguarding the interests of the 'Aboriginal Primary Health Care Practitioner' model of Aboriginal health work during 2005 - 2006.

KAMSC staff has been actively involved in the validation and technical writing of the Community Services Health Training Australia (CSHTA) National Aboriginal Health Worker Training package for both streams of Aboriginal Health Work (Practice & Community Care).

INPUTS INTO THE NATIONAL REVIEW OF AHW TRAINING:

KAMSC continues to be a key player in national work to develop a nationally consistent framework of qualifications for AHW's with primary care practice roles.

Involvement has included:

- A range of meetings on AHW policy with CSHTA and OATSIH, AHCWA and other stakeholders.
- Membership of the national Industry Reference Group for the competencies project.
- Membership of the WA State Working Group for the competencies project.
- Validation site for the National.

Programs to recruit, train and retain culturally appropriate doctors

Recruiting and keeping good doctors is a recurrent problem for KAMSC and its member ACCHSs. During 2000 and 2001 KAMSC developed a vision to make a long term difference to the quality and number of doctors we get working in ACCHSs in the Kimberley.

TABLE 1 – MEDICAL EDUCATION PROGRAMS IN THE KIMBERLEY

(† projected)	2002	2003	2004	2005	2006	2007	2008 (†)
RCS students * 3 students in Derby	1 (pilot)	4	6	8*	7	11*	11*
PGPPP posts in ACCHS (Public health posts)	0 (2)	0 (2)	0 (2)	0 (2)	4 (2)	6 (2)	9(2)
GP Registrars 6 month posts in ACCHSs (†† one ED reg doing GP term in ACCHS)	0	4.5	8.5	11.5	15	19	13.5 (1††)
Number of new GPRs in Kimberley ACCHSs each year	0	4	5	7	5	6	4 (1††)
Other GPR posts in region (private practice and hospitals) ** ACCHS registrars spending time in Broome Medical Clinic	2	6	4	2	2	3.5	1 (0.5**)

Through a number of partnerships KAMSC has developed programs to train student doctors before they graduate to encourage them to consider a career in Aboriginal health and to train as GPs doctors who have already been doctors for a few years to work in Aboriginal health. Initially these programs were partnerships with the University of WA (students) and WAGPET (doctors) and after a short pilot program in 2002, started with 4 students for the year and 4 GP registrars (doctors) for 6 month placements in 2003. As can be seen in the table above, in 2007 there were 11 RCS of WA students and 11 registrars doing 19 six month placements. The GP registrars provided a sizeable part of the medical workforce for KAMSC, BRAMS, DAHS and OVAHS in 2007. Without the GP registrars recruited through this program maintaining adequate medical workforce in ACCHSs would have been much harder.

The Post Graduate Practice Placement Program (PGPPP) for doctors who have graduated in the last couple of years has begun to contribute to doctors in the region and provides a career path for students to come back and work in the region.

All these programs are externally funded and at least break even financially. Most have made significant contributions to member ACCHSs and to KAMSC.

There are now three doctors working part time to support students in Broome (Dr David Atkinson, Dr Alex Balzarelli and Dr Carmen Quadros in 2007) and 2 who support GP registrars part time (Dr David Atkinson and Dr Jonty Rothstein).

DAHS recruited an excellent doctor to coordinate the program in Derby in 2007 (Dr Charles Zelnick, employed by both DAHS and University of WA) and have recruited another excellent doctor for 2008 (Dr Zoe Smythe).

Medical Students Training – Rural Clinical School of WA

KAMSC in collaboration with DAHS and BRAMS had 11 students in their second last year of medicine (5th Year UWA, 9 students, and 3rd Year University of Notre Dame Australia, 2 students) full-time in 2007 with 8 based in Broome and 3 in Derby. All 11 completed the year successfully and will complete their medical studies in 2009 or 2010 (some are having a year off their studies). As usual the students had an excellent experience in the Kimberley and learnt a lot about life and medicine and working with Aboriginal people. Over 20 other students also spent shorter periods in Broome in 2007 with KAMSC/BRAMS. Other ACCHSs in the region also continued to have increasing numbers of visiting students during the year. Regular attachments to Balgo have commenced and the students are making useful contributions to health care and audits on their trips out there. This includes rotation of students of James Cook University students from the Darwin Clinical School for some of the year.



Dr Jonty Rothstein delivers a GP workshop in Kununurra

All except one of the RCS students from 2003 to 2006 returned to the Kimberley for their GP placement in the following year and from this group of students and in 2006 they started to return as junior doctors working at BRAMS (see next column under PGPPP).

General Practitioners Training

The GP registrar program run in partnership with WAGPET has been a great success over the past five years and, as shown in the table on the previous page, has made a very important contribution to medical workforce.

Training is shared between workshops and other activities in the region organised by KAMSC and workshops in Perth. The photo above is a workshop in Kununurra in 2007 run by one of our former GP registrars (Dr Jonty Rothstein) currently working for KAMSC with GP registrars from OVAHS, DAHS and Broome.

Most of our GP registrars stay longer than their initial commitment of 6 months (average stay now over 18 months) and those who leave are generally interested in coming back when their life circumstances permit. It is still proving difficult to attract GP registrars to live and work in Halls Creek. However over recent years it has been possible to recruit registrars who will work in remote communities for up to a week at a time with a base in Broome (Katjungka region, Bidyadanga and the Dampier Peninsula).

Junior Doctor Program – Post Graduate Practice Placement Program (PGPPP)

The PGPPP involves 10 or 12 week placements on rotation from hospitals in Perth (5 per year for one job) and is designed to give a brief experience hoping that doctors will come back for longer periods.

In 2007, 5 junior doctors, 3 of whom were former RCS students, worked in these shared position funded through ACCRM and the University of WA worked in a shared post between BRAMS and Broome Hospital. One of these doctors stayed on at BRAMS as a locum doctor for 6 months and was a great benefit to the service. In addition in 2007 permission for a post shared between DAHS and Derby Hospital was obtained and one of our former Broome students was the first doctor to do this job at the end of 2007.

We expect two doctors to undertake 10 week terms in Derby in 2008 and we may be able to fill all the terms in 2009. The position in Broome is one of the more popular in the State and attracts a number of our former students. We expect to have permission to have two doctors at a time in Broome for part of 2008 and the whole year in 2009. Doctors who work in the PGPPP have already returned as GP registrars and as the number increase we hope to have more GP registrars through this program. One application for 2009 has already been received from a former PGPPP doctor.

Research

One of the reasons CAPTER was established was to develop the research capacity of KAMSC. KAMSC has an excellent record in contributing to research and academic work (for example the NACCHO ear trial and the Primary Health Care book by Couzos and Murray). However as resources are limited this has always been an additional burden on already busy staff. The aim is to have dedicated staff who can contribute to KAMSC having more control of the research agenda in the region.

In 2006 the University of WA funded a Research Fellow as a dedicated research position at KAMSC (Dr Julia Marley). KAMSC, from CAPTER funds, contributes to accommodation support and benefits from having this position working closely with the medical educator and medical director. This, together with partnerships with JCU, with the WACHS regional physicians and with KPHU has enabled considerable progress in research.

KAMSC now has funding to carry out a number of studies to improve lung health, to improve smoking prevention, to improve diagnosis and management of rheumatic heart disease, has begun carrying out audits of chronic disease management (with the assistance of senior GP registrars) and is documenting successes with dialysis patients in the region. Some early results were presented at the KAMSC summit and at the Rural Clinical School conference in Geraldton. In 2008 new staff in both Broome and Derby will commence to work on some of these and other projects and more outputs can be expected between 2008 and 2010.

Staff Training, Workshop and Meeting Attendance

The school staff attended a 1 day workshop in Perth:

- Competencies.
- AQTF requirements for Training delivery.
- AQTF requirements for Assessment – RPL process.
- Quality assurance – Purpose of AQTF.
- Course accreditation.
- Cross-sector linkages.

The workshop was well presented and confirmed the school's current practice is inline with AQTF standards and provided a clearer understanding of RPL processes.

Health Promotion Unit

The Health Promotion Unit staff consists of a Coordinator who also has a shared responsibility with the Regional Centre for Social and Emotional Wellbeing, a male Health Promotion Officer and a female Health Promotion and Events Coordinator along with two Graphic Designers.

Unit staff carries out planning days with member Aboriginal Community Controlled Organisations throughout the Region at the beginning of a calendar year. To service the whole Kimberley area with two health workers is a very challenging role and one that they cope very well with.

The KAMSC Health Promotion Unit has 5 core objectives. The objectives are listed below:

1. Production and distribution of health promotion resources.
2. Delivery of health promotion activities.
3. Promoting a health environment.
4. Workforce development.
5. Build partnership and disseminate experience.

Production and distribution of Health Promotion Resources

On the request of Ord Valley Aboriginal Health Service's nurse the HPU has developed new print resources on kidney disease. The request was to put the ideas in A3 Poster form with titles as follows and more detailed contents including artwork:

1. The risk of kidney disease increases if you (factors written with associated pictures).
2. It is estimated that 1 in every 7 Australian adults (over 2.3 million) people has chronic kidney disease, of whom 80-90% are undiagnosed and treated.
3. Good kidney health – what can we do to help our kidneys?
4. Happy kidneys are healthy kidneys.
5. Stages of chronic kidney diseases.

The Regional Centre for Social and Emotional Well Being Mental Health Professional also has experience in Health Promotions and he has been involved with HPU staff in assisting them to develop ways of assisting communities to develop health promotion strategies and outcomes in the area of mental health. As this is a fairly recent initiative and one that we hope will sustain itself in the long term, the process cannot be expected to happen overnight. Once the information has been collated from varying communities and/or units, a process of assisting and teaching can be developed to enable them to become self reliant and sustainable.

There has been quite a number of requests for the development of pamphlets and posters, in fact so numerous to itemize in full but some examples are provided below:

- BRAMS – Pamphlets that explain all about the 'Well Person's Check', what it means, what happens and why it is important, same for Well Children's Check and information about maternal health services provided by BRAMS, Domestic Violence, Mental Health, Depression/Anxiety/Panic disorder/Psychosis, to name a few.
- KAMSC School of Health Studies – Poster for the medication rooms with pictures of various suspensions (medication bottles) and the amount of water needed to make up the mixtures, separate posters for children and adult medications. Poster of using Universal Precautions when dealing with body fluids and medical procedures, poster of all the common medical abbreviations and acronyms for Aboriginal Health Workers, posters of step by step to assemble and administer oxygen therapy, ventolin via the nebuliser using H₂O, operate an EXG equipment and how to prepare a client undergoing an ECG reading, set up of an IV infusion, insert and IV catheter, etc.
- DAHS – Maternal Health-Antenatal i.e. Retinal screening and diagnostic tests, a pregnancy diary (more Indigenous appropriate), Postnatal Depression, Contraception, SUDI (sudden unexplained deaths in infants, replaces the acronym SIDS), etc.
- Mulan – Trachoma, something for the older kids, Lens and Iris Flipchart, etc.

Delivery of Health Promotion Activities

HPU staff travelled to the Balginjirr Women's Bush Forum and delivered health promotional information and resources to over 50 women from the Derby area as well as invited guests from Halls Creek.

During Kidney Week, health promotion information by way of displays, distribution of pamphlets was conducted in partnership with OVAHS in Kununurra and Derby Aboriginal Health Service Clinic staff.

The Live Life Stay Solid Project Coordinator in collaboration with the Drug and Alcohol Services based in Kununurra, carried out activities during Drug Action week in the East Kimberley including visiting Kalumburu School, Drug Action week event in Halls Creek, Drug Action Week Disco in Warmun, visit to Warmun School and a Drug Action week stall at the Kununurra Markets on Sat June 23rd.

A joint initiative between Kimberley Population Health Unit, BRAMS and KAMSC HPU resulted in exhibiting health news and carrying out mini health checks at the North West Expo, this Expo was held over 2 days. Approximately 180 people had the health checks with an outcome of suggestions/referrals for a minor number of people to seek further medical intervention.

Kimberley College of TAFE, BRAMS, St John's Ambulance and KAMSC HPU conducted a joint event at BRAMS for Healthy Heart Week. Kimberley TAFE secured funding to bring high profile Aboriginal Chef Mark Olive from the Outback Café in Melbourne for this event.

The Men's Pit Stop program was held at Derby on Friday the 22nd June. The event was a joint activity between Health Department, DAHS and KAMSC. Each person had a full adult check which included bloods and urine taking. 20 men participated in the event and had their health assessed by the doctor, with 70% being referred back to the clinic.

There were 7 stations which included:

- Weight / Height / BMI.
- Blood Sugar Level / Blood Pressure.
- Alcohol / Drugs.
- Hearings.
- Social Emotional Wellbeing.
- STIs.
- Bloods and Urinalysis.

Promoting a Health Environment

A field visit to Jarlmadanga Community in April resulted in activities around Nutrition and Education to community people. The dietitian was available to work in partnership with the HP team to deliver resistant exercise, prepare healthy breakfast and take blood sugar levels.

With respect to the Live Life Stay Solid campaign, the Project Coordinator has been collaborating with Goolari Media and Save the Children in Kununurra in the development of promoting positive mental health messages. The LLSS resources developed through the HPU has been very well received and widely distributed through the Kimberley region and at the National level.

Workforce Development

Health Promotion team member attended a 3 day WA Sexual Health and Blood Borne Viruses Forum that outlined the trends of sexual behaviour and activities around the State.

Education is still high on the agenda for most private and public sectors.

Epidemiology and statistics still indicate the Kimberley Region as a high-risk area, although 2005-2006 showed 2% drop in the numbers of STI's in the Indigenous population compared to the non Indigenous Australia wide.

This Forum also looked at the events for the past year and an insight of what other services were doing in their areas to combat STI's through education, clinical practices and promotional awareness plus the capacity within our own regional areas that is used to address all aspects of Aboriginal Sexual Health i.e. bringing agencies together, and to maintain an effective Sexual Health Networking by encouraging monthly meetings, continuance of partnerships and increase standardization, training and clinical management.

The Men's Advisory Network Inc National Conference "From Babies to Blokes – The Making of Men" was held in Perth October/ November. The conference's program contents were informative and interesting and included a session on Indigenous Workshop on Indigenous Manhood Yarning. Some of the issues discussed during this particular session included Suicide, Alcohol and Drugs, Aboriginal Health, Stolen Generation and the impact on men's roles.

The male health worker staff attended at the 2 day Mental Health First Aid course in October. This course was organized by the Brain Ambulance.

The HPU team completed a 2 week In Service/Professional Development with the KAMSC School of Health Studies in Emergency Skills for Remote Area.

Build Partnership and Disseminate Experience

The Coordinator and Health Promotion staff worked closely with the Mt Isa Centre for Rural and Remote Health in a coordination and consultative role around the Lifescripts Project. Staff from the AMSs and community individuals provided valuable feedback, particularly in the use of identified local language. The task centered on the adaptation of Lifescripts i.e. Smoking, Nutrition, Alcohol, increasing Physical Activity, to an Indigenous context and setting. The outcome of the development of the Lifescript resource suited to the Indigenous environment has been finalized.

The Health Promotion Unit continues to build on their partnerships with other local government and non government agencies to carry out health promotion activities, to share and keep up to date with contemporary issues and to dissect any relevant information to assist in the continuance of promoting healthy messages.

Social and Emotional Wellbeing

The Regional Centre for Social and Emotional Wellbeing continues to rise up to the challenges faced within our region with the focus on abiding by the objectives as set down by the our funding body.

Staffing levels at the Regional Centre consist of the Coordinator who has a shared role with the KAMSC Health Promotion Unit, a Mental Health Professional and 2 SEWB Health Workers. The Live Life Stay Solid Project Coordinator is also housed within the RCSEWB and HPU.

The objectives are outlined below:

- Development of curricula, and/or adaptation of curricula; and/or delivery of training; and/or purchase/contract training; and/or supporting, influencing or advocating for other agencies to meet training needs; and
- Develop appropriate cross sector linkages and inter agency cooperation.
- To facilitate access to personal and professional support to the health workforce.
- Development of information systems to clarify the level of emotional and social well being need in the region and inform the operations of the Regional Centre.
- Development of curricula, and/or adaptation of curricula; and/or delivery of training; and/or purchase/contract training; and/or supporting, influencing or advocating for other agencies to meet training needs:
- An Indigenous Suicide Prevention Training program that would be based on the specific Indigenous models available both within Australia and from Indigenous nations elsewhere i.e. Canada and New Zealand has been developed.

KAMSC were successful in obtaining sufficient funding for a two year project that will enable them to provide 'one off' training programs to all towns and communities within the Kimberley. The training will consist of a two day course, and would encompass the essential aspects of Indigenous suicide aetiology as well as focusing on a community based model of implementation. Participants for the training will be drawn from all service providers both Indigenous and non-Indigenous who would be strongly encouraged to form alliances during the training and develop draft implementation strategies that they could then take back to their communities and towns and implement.

As part of the ongoing support, KAMSC is committed to maintaining contact with all participants and communities, and providing further training if required and support during the early implementation phases of local suicide prevention projects.

The Regional Centre for SEWB will continue to interact with the KAMSC SOHS to discuss curriculum content and delivery in relation to the Study Block "Intro to Counselling" and if required, consideration given to any adaptation aspects to the curricula will occur.

The Mental Health Professional and the Senior SEWB Health Worker travelled to Yura Yungi AMS in January and provided an education and training session on presentation of mental health assessments from a cultural perspective to all staff.

Further travel to Kununurra to meet with staff from the OVAHS Support Unit to update on development work and further supportive discussions occurred prior to returning in March to deliver a more formalized education and training with them.

Development and testing of models for cross sector linkages and interagency cooperation

The Live Life Stay Solid campaign is one of the outcomes of a working partnership with members of the Kimberley Regional Aboriginal Mental Health Planning (KRAMHP) Reference Group.

The official launch of this campaign was activated by the KAMSC Chief Executive Officer during Families Week.

The LLSS project is conducted in 3 stages, the first phase is to create awareness of the issues of social and emotional wellbeing and the factors that contribute to it, has progressed very well, with the subject matter well recognized throughout the Kimberley.

Development of a number of effective resources has occurred with positive feedback being received, along with media exposure via radio and television. A Live Life Stay Solid song has been put together on a CD.

Development of information systems to clarify the level of need in the region and to test the efficacy of existing services and existing/proposed training.

A Discussion Paper on Measuring the Degree of Social and Emotional Wellbeing in Indigenous Communities was prepared. The Discussion Paper reiterated the significant factors that reduce social and emotional well being in the Indigenous communities within Australia, and identified (Social and Emotional Well Being Framework 2004-2009) as:

- Grief and loss
- Trauma.
- Abuse.
- Violence.
- Substance misuse.
- Physical health problems.
- Child development problems.
- Gender identity crisis.
- Child removals.
- Incarceration.
- Family breakdown.
- Cultural dislocation.
- Racism.
- Social disadvantage.

The mental health problems that have been identified by the same above report are:

- Crisis reactions.
- Anxiety states.
- Depression and/or suicide.
- Post traumatic stress.
- Self harm.
- Psychosis.

Whilst acknowledging the challenges of SEWB data collection four options were proposed and once a decision is made on an option it was requested that any data in the area of social and emotional well being collected be considered to be incorporated on the Ferret System, whilst at the same time recognizing the Ferret System is not “normally” used as a data collecting tool.

Population Health Unit

This year has been another busy and challenging year for the KAMSC Population Health Unit.

Achievements

REGIONAL PLANNING FORUMS, STEERING GROUPS AND CONSULTANCIES

KAMSC MD, CEO, Medical Educator and representatives from member ACCHS continue to provide regular, consistent and active participation in regional health forums, particularly the KAHPF.

KAMSC also provides representation on all sub committees of the planning forum. Those of specific relevance to the PHU include: Maternal and Child Health sub committee, Chronic Disease sub committee and Research sub committee.

The KAMSC Medical Director undertook a consultancy on behalf of KAMSC and at the request of individual ACCHS from outside the region, to review clinical services and health information systems in February 2007. The KAMSC Medical Director also works closely with the AHCWA Medical Advisor in supporting a range of state-wide population health projects and functions.

As Chairperson of NACCHO, the KAMSC CEO maintains extensive national networks and relationships. Guidelines, information management systems and other population health resources are identified, developed and/or refined to support best practice.

Ferret Care Plan Review

The 2006/2007 Ferret Care Plan Review process has reviewed existing / adjusted existing care plans and developed new care plans, in line with best practice approaches. Roll out of adjustments to Ferret databases has begun.

Kimberley Chronic Disease Therapeutic Protocols

The KCDTP were launched officially in late 2006. This was followed by a structured roll-out with KAMSC and WACHS staff conducting a travelling road show, introducing the protocols and providing training in their use / uptake.

KAMSC is currently launching an audit on the implementation of the diabetes protocol and of diabetes care across the region, with GP registrars participating in the data collection and analysis as part of their training, as well as undertaking an audit of the implementation of renal protocols as a subsection of a broader renal services research project.

The Chronic Disease Therapeutic Protocols are in the process of undergoing revision, which we hope to have finalised by the anniversary of their launch in September.

Maternal and Child Health Protocols

The working group is currently involved in the development of 9 protocols, with a further 6 earmarked for a later round of protocol development. Work has included setting up and communicating information for the fortnightly meetings of the writing group, assisting with review and editing of drafts, liaising with KAMSC graphic designer.

Work of scheduling and assisting this writing group has been enhanced by the provision of additional OATSIH support for a Project Officer position for 6 months, which has provided much needed impetus to bring together busy health professionals for regular working group sessions and protocol revisions between sessions.

The writing group has now reduced to a smaller (and more effective) group with major contributors being the KAMSC medical director and selected registrars/medical officers and senior staff.

An update on protocol progress to date:

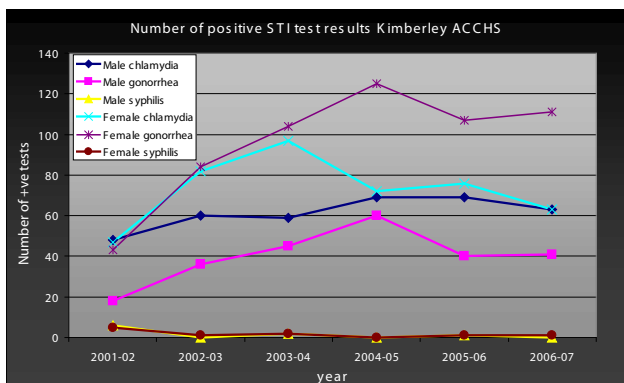
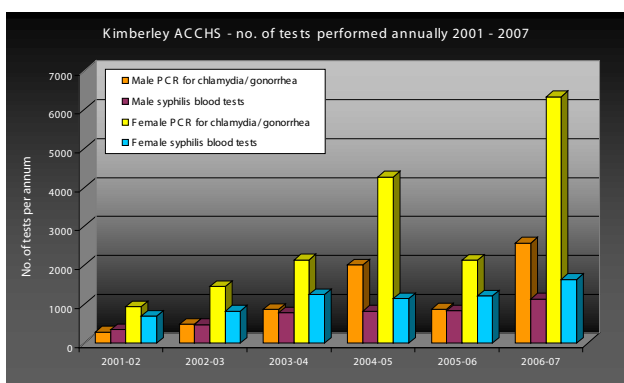
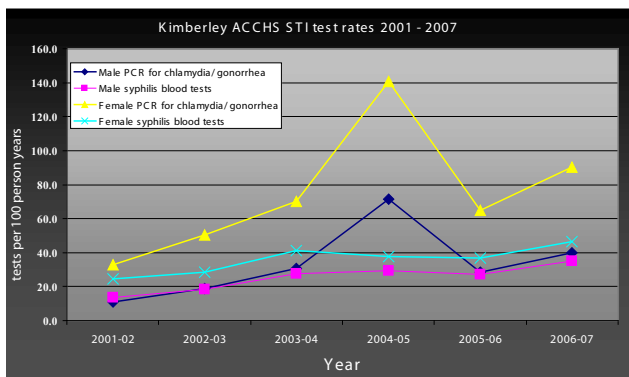
- Anaemia and Skin Health protocols are completed.
- A Child Sexual Abuse and Non-Accidental Injury in Children protocols are completed and have been circulated around the region for implementation and feedback. These were completed and circulated earlier than anticipated as a result of the regional and national attention on child protection issues.
- A revised ante natal record has been devised and is being trialled in BRAMS and Kutjungka.
- Type 2 diabetes in children is nearing final draft stage.
- Ear health is also nearing final draft.
- First drafts have been created for Managing Parasites and Routine Child Health Screening (x 2 age groups).

Tobacco Control Activities

KAMSC Smoke Free workplace policy including within all ACCHS's, was implemented in July 2006 with great results – less smoko breaks, reports from both smoking and non-smoking staff of the benefits of a smoke free environment and 3 successful quitters in the period since.

Presentation by KAMSC smoking cessation steering committee representatives on tobacco control interventions, the struggles and windfalls, at the Cancer Council WA April 2007.

Population Health Unit



Rates of STI testing performed this year have recovered from the previous period and show an increasing rate of screening across all groups, with the greatest rise among Female PCR.

Supply of condoms through member ACCHSs

An audit of condom availability and accessibility around the region, concluded that:

- all health services provided free and accessible condoms to their community.
- 5 out of 6 Kimberley towns provide condoms 24/7 through 'condom trees'. All 5 sites have systematic management and refilling of the containers.

- Condom wallets are distributed in show bags and at various Health Promotion activities – e.g. National Condom Day, sporting events.
- Other locations that condoms can be sourced include shops, pubs, bottle shops, condom vending machines, chemists, youth services, alcohol services, and identified local community members.
- Barriers to condom access has included some communities concerns of increased rubbish (wasted condoms, inappropriate use by children) and promoting promiscuity among young people. Also with some religious belief systems within communities.
- Strategies used to overcome barriers have included community consultation, engaging religious leaders, negotiating 3 month trials of condom accessibility, and utilising other agencies within communities that access the target groups, such as youth services and community patrols.
- Ceremonial boxes are available in the communities that continue the traditional practices.

Sexual Health Promotion Activities

- Health promotion activities include an audit (in progress) of information and activities within Kimberley schools and a variety of sexual health promotions sessions with communities and groups, including sporting and youth groups.
- Planning and development of culturally appropriate community HIV resources, through a steering committee.
- Development of culturally appropriate resources, to promote the HPV vaccination program amongst 12 - 26 year old women. Includes locally developed logos for bags, education pamphlets and posters.
- Involved in the assistance in developing the posters for the Chlamydia campaign, targeting young Aboriginal people, through focus testing.
- Identifying resources needed in health services, through the clinic audits.

Eye Health Program

Through the Eye Health Program and training and support in the use of equipment such as the retinal camera and support of regional training with KPHU is provided.

This reporting period was relatively quiet on the retinal screening activity front, with camera problems at a number of sites limiting the amount of retinal screening activity which could be undertaken.

Population Health Unit

Participation of KAMSC smoking cessation steering committee representatives at the "Clearing the Air" tobacco control researchers meeting in Melbourne, April 2007 and successful application for a CEITC scholarship for representative to attend the Oceanic Tobacco Control Conference and Pacific Peoples Gateway meeting in Auckland – New Zealand from, 4th - 7th September 2007.

An application from AHCWA and KAMSC to the Australian Respiratory Council and Healthway for a 3 year state-wide tobacco control project was successful and will commence in the second half of 2007.

Successful submission of a research proposal to undertake a smoking intervention randomised controlled trial in Derby and Broome to commence 2008.

Pamphlets on intervention and motivational interview/counselling were acquired from Queensland Health. They are available in the various ACCHS's and online through the KAMSC web intranet. A staff training in brief intervention and motivational interview/counselling is planned for next year.

Patient Information and Recall System (PIRS)

Orientation of new staff, training and support in the Project Ferret PIRS continues. Restructuring of PHU staffing resulted in identification of a support officers for the West and East Kimberley (with the East Kimberley position commencing in March 2007, based out of OVAHS). Prior to this, a PHU staff position was based in Halls Creek and supported population health development and Ferret training in Kutjungka and Halls Creek area.

All ACCHS have undertaken analysis of Ferret information over the past 12 months. The KAMSC Medical Director has supported OVAHS and YYMS to collect data and provide feedback to the health service staff and administration. DAHS and BRAMS undertake regular analysis with support when required from the KAMSC PHU.

The KAMSC remote sites have all undertaken Ferret analyses during the past 12 months. In the Kutjungka, Ferret was installed in mid-2006, with major IT infrastructure issues including satellite latency preventing uptake of the PIRS across the region. These issues have now largely been overcome – with ISDN connections established and new computers installed to allow greater staff access. Kutjungka staff, supported by the KAMSC PHU Ferret support officer for the East Kimberley and the KAMSC Population Health Support Officer based in Halls Creek, are now undertaking a review of the demographic database, updating population data and gradually entering increasing amounts of clinical data into the Ferret PIRS system.

In Beagle Bay and Bidyadanga, analysis of Ferret data has been undertaken to support regular action plan reports. In Bidyadanga, utilisation of Ferret has improved significantly over the past 6 months, with (1) establishment of more reliable ISDN (previously satellite only) connections, (2) establishment of the new full-time position of Clinic Manager; (3) addition of KAMSC GP time on the ground in Bidyadanga to complement the existing BRAMS GP service; and (4) establishment of the position of admin / data entry clerk, which is being shared between two reception staff and will ultimately enhance the quality of data capture in the system. The KAMSC GP, medical students and Bidyadanga clinic staff dedicated a weekend to file review and updating of the electronic system – a major work in progress, given the large population in Bidyadanga.

Other support activities include:

- Established periodic KAMSC IT "think tank" meetings to advance Ferret regional deployment, consider product development issues and contribute to monthly teleconferences / refinement of IT specifications with Pen computer systems to advance these. Participation from member ACCHS was invited and contributions made
- Several versions of Ferret orientation DVD filmed in December 2006 have been reviewed. Recommendations regarding edits needed have been communicated to film director and photographer with each revision. A graphic designer has been contracted and is working on the graphical components of the animated Ferret character for the film. The sound track has been recorded and the final edits will be included following graphic completion.
- Individual Ferret orientation and training to all new permanent staff with requirements for Ferret skills. Ferret Support provided to ACCHS on a needs basis including resolution of problems (where possible).
- The East Kimberley Ferret Support Officer position, was established in February 2007, and has provided a significant boost to Ferret support capacity to member services and KAMSC remote clinics. On-site support is provided to OVAHS, with regular visits commencing to Halls Creek and to the Kutjungka remote clinics.

This has enabled the KAMSC Service Evaluation and Support officer to concentrate Ferret support to West Kimberley sites.

Sexually Transmitted Infections (STI)

KAMSC support activities to ACCHS in liaison with other support providers continues. PHU support staff provide individual and group training in sexual and reproductive health skills, (including pap smears, STI screening and client education).

Population Health Unit

The KAMSC regional eye health coordinator has provided advice to OVAHS regarding purchasing a new digital retinal camera, and has supported the repairs and maintenance for cameras at other sites.

A series of retinal photos have been collected and laminated for client education, awareness and training and discussions have been held on the most effective medium to encourage clients to present for screening.

Retinal screening was undertaken across the region with support from the eye health coordinator. (See table next page).

Trachoma rates

Trachoma stats from ACCHS's remote community clinics were provided in the previous action plan report.

Regional Optometry Services

Optometry services provide through Margie O'Neil continue to provide improved access to eye exams and cheaper spectacles for many Kimberley people. (See table next page).

Diabetes, foot care and the use of the DCA2000 machine training

A 12 month project to enhance skills in diabetes care was completed this year. The project collaborated with other KAMSC units and regional providers, performed skills and equipment audits, and provided training to individuals and workshops, enhancing the existing training provided by the KAMSC School of Health Studies.

Training topics included, use of DCA 2000 machine, adult health checks, use of KAMSC Chronic Disease intranet, retinal camera, foot care, insulin use, nutrition and exercise information.

Discussions were held with the HP unit manager, staff and the PHU diabetic officer regarding regionally-appropriate resources in the area of diabetes and foot care. A systematic review was undertaken of relevant resources currently available and sourcing additional resources from other sites / states. A large order was made for relevant teaching aids along with posters and pamphlets; these were distributed to the various ACCHS's within our region.

Funding submissions

Several funding submissions prepared by KAMSC MD have been resourced in this funding period, including:

- Kimberley regional Maternal and child health workshop, to be held in December 2007, fostering regional networking and information sharing and hosting the launch of the Kimberley Maternal and Child Health protocols which are currently under development.
- Ear health equipment for the Kutjungka clinics, which has been purchased and installed in all 3 clinics.
- Funds to support the establishment of the East Kimberley Ferret Support Officer – recruitment and relocation funds. This position is filled and proving to be a great resource for the East Kimberley.
- Vaccination fridge for KAMSC, to support quality assurance in immunisation supply and distribution for KAMSC remote clinics in particular.
- Funding to upgrade the ageing KAMSC Ferret lab to support regional PIRS training.
- KAMSC, in conjunction with WACHS-k and the visiting nephrologist as members of the Kimberley Renal Advisory Group (KRAG) are awaiting decisions on funding for the Kimberley Renal Services Project, a major regional plan for the expansion of renal services including resources to support better prevention and education, screening, early detection and monitoring of people with proteinuria and CKD, as well as expansion of dialysis services.
- KAMSC negotiated during this reporting period with Fresenius, a private company which has been granted the state-wide home therapies tender, to fund KAMSC for the position of Renal Dialysis Training and Support RN, which will commence from the 1st July 2007. This position will sit initially in the PHU, along with the existing Gelganyem Trust funded East Kimberley Renal Support RN – if the broader business case is supported, KAMSC will establish a separate renal services business unit to support all renal positions and functions.

Support in placing funding submissions has also been provided to:

- The Optometrist with her Vision 20/20 grant application.
- Pilbara Ophthalmologist – provided relevant eye health promotion techniques to use for Aboriginal clients to enable them to present for retinal screening. (Funding was sought to implement this).

Population Health Unit

REGIONAL RETINAL SCREENING SUPPORT STATS: 2006 - 2007

BRAMS	BIDYADANGA	DAHS	YYAMS	OVAHS	BEAGLE BAY	KUTJUNGKA
47	12	31	13	13	9	5

TRACHOMA RATES

SCHOOL	NUMBER ON SCHOOL ROLL	NUMBER SEEN	NUMBER WITH FOLLICULAR	NUMBER WITH SCARRING	NUMBER WITH CLEAN FACES	PREVALENCE RATE%	DATE OF SURVEY
BEAGLE BAY							
5 - 9 years	56	39	5	0	37	12.8%	13/09/06
10 - 14 years	27	20	0	2	20	0%	13/09/06
BIDYADANGA							
5 - 9 years	70	41	7	0	30	17.07%	14/09/06
10 - 14 years	57	41	5	0	40	12.2%	14/09/06
MULAN							
5 - 9 years	25	17	9	2	17	52.94%	31/10/06
10 - 14 years	14	9	2	0	9	22.22%	31/10/06
RINGER SOAK							
5 - 9 years		7	2	0			18/09/06
10 - 14 years		5	0	0			

Examiners: KAMSCS and CHS

KIMBERLEY OPTOMETRY STATS 2006 - 2007

TRIP	PATIENTS SEEN	NEW PATIENTS	FEMALE	ABORIGINAL	DIABETES	REFERRALS	MAGS SUPPLIED	GRINDS ORDERED
October - Dec 2006	496	231	291 (59%)	400 (81%)	420 (85%)	86 (17%)	226	125
May - July 2007	468	247	279 (60%)	371 (79%)	431 (92%)	99 (21%)	219	96
Total	964	478	570	771	851	185	445	221

Professional development

The new PHU Coordinator, Cassandra Matsumoto, has experience as a Senior Aboriginal Health Worker, including work in remote KAMSC clinics, and more recently as Educator with the KAMSC School of Health. Training and mentorship in Population Health is being provided by the previous PHU Coordinator, who remains with KAMSC in a new capacity (Health Service Research and Evaluation Manager).

As a successful partner in the NHMRC Research Capacity Building Grant, in conjunction with JCU, TAIHS, and Rambalara health service, KAMSC will have additional capacity to support formal and informal training in population health and research skills.

Information Technology



KAMSC IT Unit - Graham Le Gros, Brett Stevenson, Santosa Guzzetta and Matthew Whitely

Introduction

KAMSC IT unit provides IT support to KAMSC and its affiliated ACCHOs across the Kimberley. Support involves regular site visits, telephone and dial in support. The Unit is also involved in the on going upgrade of IT infrastructure in the region.

Staff

The KAMSC IT unit is currently made up of four permanent staff. Graham Le Gros – Coordinator, Santosa Guzzetta – Senior IT support officer, Brett Stevenson and Matthew Whitely who are based in Broome. Duane Stace who a member of the population health unit provides IT help to provide support at OVAHS. During this period we also had Kai Jones filling Santosa Guzzetta's position while he was away on leave and Aaron Hodges who has left us to continue his studies in Perth.

Accomplishments

- Purchased and setup new file server for Yura Yungi. The server will provide increased file storage and general performance.
- Reinstalled Yura Yungi Ferret Server after some serious issues with it.
- Involved with the finalising of process to upgrade Project Ferret at each AHS to version 3.6.
- Applied for funding for Broadband for health sites. This includes the following sites - BRAMS, Beagle Bay, Bidadanga, DAHS, Dodun, Doon Doon, Imintji, Ngallugunda, Kupingarri, Ringers Soak, YYMS, OVAHS, Jarlmadangah.
- The funding will also allow for the purchase of URSYS busiboxes to allow the connection to a centralised database. Payments this year will be made directly to the services (DAHS,BRAMS,YYMS,OVAHS) and the ISPs (internet service providers).
- Upgraded Project Ferret to version 3.6 at BRAMS, DAHS, YYMS and OVAHS. This new version has a number of new modules such HICOnline, PenScript and the Adult Health Check.
- Reinstalled Ferret server at OVAHS due to poor performance and ordered a new server.
- Setup ISDN service for Kutjungka and installed busyboxes for VPN connections. This has significantly improved the link back to Broome and has made Project Ferret useable in the Kutjungka.
- Purchased new computers for Kutjungka.
- Installed new ferret server at OVAHS. This has lead to a significant improvement in performance.
- Setup new computers and printers for Kutjungka.
- Setup ISDN connection for Bidadanga. This enabled Project Ferret to run with much less latency which increases its usability.
- Activated HICOnline for BRAMS / KAMSC ferret system. HICOnline significantly decreases the amount of time an organisation takes to receive payment for its medicare and improved reporting capabilities for it's administration.
- Setup ADSL VPNs to KAMSC for DAHS and YYMS for the running of Attache. ADSL services are significantly cheaper to run then the existing ISDN services.
- Finalised broadband for health funding for Gibb river sites.

- Activated HICOnline for OVAHS and YYMS ferret system. HICOnline significantly decreases the amount of time an organisation takes to receive payment for its medicare and improved reporting capabilities for it's administration.
- Setup ADSL VPN to KAMSC for OVAHS and YYMS for the running of Attache. ADSL services are significantly cheaper to run then the existing ISDN services.
- Purchased new server for running Ferret from KAMSC.
- Purchased new server for running Attache.
- Purchased Video Conferencing equipment for Balgo.

Ongoing Issues and Projects

We are about to roll out Ferret access to the communities on the Gibb River Road, Jarlmadanga and Pandanus Park to link in to the DAHS database.

Improved firewalls with internet blocking and logging for KAMSC and AMSs. Internet firewalls are responsible for controlling access to and from the local network to the internet. Currently all networks have firewalls that block external access to the networks but don't have the facility to block web sites or monitor web usage. The new firewalls have the ability to block certain web sites and content and this is configurable according to machine / time / user. The can block by keywords e.g. "sex" which can be further refined so it doesn't block other combinations of the word sex e.g. "sexual health, sexually transmitted disease". All internet usage is logged, which is useful for investigating staff misuse of the system and possible virus outbreaks. The new firewalls will also allow secure access to E-mail via a web interface. These firewalls will be custom built by the IT department which reduces cost and allows the systems to be easily reconfigurable to allow new functionality. The first of these systems is about to be trialled at KAMSC and if successful will be rolled to the other AMSs over the following months.

Bidyadanga Report

The comprehensive primary health care program has reached a new level of implementation at Bidyadanga. The health workers have specific responsibilities in addition to their clinic role. Individually they have a program for which they are principally responsible; a nurse backs them up in a reference capacity.

The Clinic

The graduation of three health workers in June has strengthened the manpower and morale in the day to day running of the clinic. With a full complement of health workers, we are well placed to execute most tasks. Supported by a unified and experienced team of registered nurses the new graduates will gain confidence and skills. Currently the clinic has a competent skill mix, in view of the acuity and the range of diseases, this is a key result and gives us the capacity to move forward. An innovative roster has been operating for six months, this enhances the role of all the health workers.

Data collection has improved with the upgrade to Ferret. Entry of most community member's information into the system is well on the way. A complete overhaul of the patient information management is needed to meet statutory requirements and plans to achieve this aim are scheduled for 2008. Training for reception staff commenced in mid July and they are already efficient and accurate with patient information.

Pharmacy

Webster packs were introduced across the entire community and have been well received thanks to the good induction from the KAMSC pharmacist and her assistants. Currently no health worker has medication qualifications so extra effort is required to gain these competencies, this is to occur next year.

Nutrition

Healthy food programs have been repeated several times with a focus on children and the take away shop. The coordinated efforts from several different groups have seen some good work at the community store.

Community

A dedicated health worker and nurse spend a whole week out in the community attending to home visits, recalling people for ongoing treatments, conducting education sessions, supporting the different school programs and generally being out and about for population health matters.

The DCD worker, who lives in the community, works with our team to give her position a health face rather than a justice face. Her experience and cultural knowledge has been an asset to the clinic. I have initiated a cross agency approach - clinic, police, school and DCD, we meet fortnightly to discuss community issues. A collaborative approach has already produced some good outcomes.

Men's Business

Fishing days as the forum for health promotion, education and relationship building is well under way. Topics have been chronic disease, anatomy and physiology, nutritious food groups and the benefits of regular checks at the clinic.

Women's Business

Again fishing days drive our primary health agenda. An organized approach around chronic disease nutrition, STIs, young mothers and exercise/fitness have been the topics. The discussion, led by various health workers, generally occurs around the campfire.

Child Health

A multiplicity of service providers cater to most areas. A new initiative, or rather the re-activation of an old partnership at the school, will see a health worker and nurse at the school implementing and assisting the school nurse programs. The aim is to create continuity and support to the external providers and familiarizes the children with the concept that there are people around them all the time that are available for their needs, striving to develop a seamless approach is essential in to produce positive results.

Emotional and Social Business

Fishing, fishing and more fishing. For the young, middle aged and elderly in the community this is the perfect place to deal with these issues. The Indian Ocean is instrumental in forging strong and genuine partnerships. It is the positive and relaxed environment that allows us to cast out into difficult deep waters. At this stage of our program we are concerned with building trust and opening dialogue in a non threatening manner. Gender related issues, domestic violence and self esteem are areas of interest for the future.

After Hour Service

The 24 hour service is demanding and difficult for health workers and nurses. The Bidyadanga council has been supportive of strong measures to resolve unacceptable working conditions.

Domestic violence probably accounts for a significant number of call outs. Another area of concern is oral health; intractable pain due to dental caries is a recurring episode of care. A possible solution is a regular dental nurse/therapist to operate out of the clinic on a monthly basis.

Many of the problems we face at night arise from the poor linkages with the multiplicity of government agencies that are responsible for levels and standards of environmental health. These create significant hurdles for the clinic's efforts.

Management

The senior aboriginal health worker has commenced her mentoring/training as the clinic manager. It is envisaged a 12 month buddy program with the current nurse manager. Currently we are focusing on how increased reciprocity of information sharing helps us move forward and gain the improved health outcomes for the community. Learning about relationship management to take advantage of opportunities as they arise has been worthwhile.

In Summary

Many of the problems relating to stable and appropriately skilled staff have been resolved. Now the community's health clinic will go forth – no interruptions, no dependence on any one group, with an inbuilt commitment driven by education, a skilled workforce and a fishing line.

Accounts Department

KAMSC accounting section continued to provide support to member Aboriginal Medical Services (AMS) during the year. This involved not only the preparation of annual financial statements but also interim financial reports and acquittals of funding agreements, and management reporting to the AMS boards.

KAMSC accounting staff also supported AMS bookkeepers and accounts staff through telephone assistance, as well as on-site visits by the client accountant.

It should be noted that BRAMS undertook to perform their own payroll function, salary sacrifice and accounts reconciliations for the 2006/2007 year.

During the year a new version of our financial accounting system, Attaché, was installed and training was provided at KAMSC for all accounting section staff and AMS bookkeepers.

In addition, KAMSC arranged for AMS bookkeepers to attend a two day workshop in Perth on "Accounting for Non-Accountants".

KAMSC accounting staff plus a number of other interested staff were given some in-house training on funding sources, working with our funding bodies with regards to reporting requirements, and the purpose of management reporting.

In April 2007 KAMSC employed an Accounts Clerk Trainee. The new position will enable the employee to learn various aspects of accounts work with the section, and hopefully nurture an interest for further study in the field.

An analysis of KAMSC and the KAMSC/AMS group financial results for the period tell a story of steady and quite substantial growth patterns in 2006/2007.

As a group, KAMSC and the AMS's increased the reported net asset value position by approximately 8% to \$20.4m. KAMSC net asset position increased by just 2.69%.

Overall income for the group rose a significant 27% to \$34.4m, with KAMSC income increasing by 39% to \$16.5m, which is \$4.6m up on the 2005/2006 year.

KAMSC expenditure on salaries and wages increased by \$2.4m or almost 41% over 2006/2007, with the KAMSC/AMS group showing an overall increase in salaries and wages expenses of 21% to a total of \$19.0m expenditure on salaries, wages & related employee costs.

Overall expenditure for KAMSC (including employee costs) increased during 2006/2007 by approximately 40%, whereas the overall group increased expenditure by 24%.

There was a slight increase in capital activity during 2006/2007 due mainly to building projects in BRAMS and DAHS. Capital expenditure increased from \$1.3m in 2005/2006 to \$1.9m in 2006/2007.

There has been an increase in the number of staff taking part in the salary sacrifice / flexible remuneration system despite BRAMS undertaking their own salary sacrifice arrangements. The number of staff taking up the salary sacrifices offers increased by 33 members from the other AMS & KAMSC, which counteracted the reduction in BRAMS by 28 employees.

Thanks must go to the accounts staff at KAMSC for their efforts in taking on an ever increasing processing load as KAMSC and its member AMS's undergo strong periods of growth and increased activity.

Financial Statements

BALANCE SHEET AS AT 30TH JUNE 2007

	2007	2006
	\$	\$
CURRENT ASSETS		
Cash at Bank	2,945,380	3,830,718
Receivables	717,138	361,830
Inventories	181,663	132,650
Prepayments	190,271	180,000
TOTAL CURRENT ASSETS	3,619,860	4,919,790
CURRENT LIABILITIES		
Accounts Payable	1,787,048	1,354,489
Accruals	299,433	59,521
Unexpended Grants and Project Funds	1,848,420	1,279,085
	3,934,902	2,693,095
NET CURRENT ASSETS	984,887	926,765
NON CURRENT ASSETS		
Property, Plant and Equipment	5,253,268	5,184,786
TOTAL NON CURRENT ASSETS	5,253,268	5,184,786
NON CURRENT LIABILITIES		
Mortgage - Weld Street	583,671	583,671
Prepaid Lease by UWA	270,000	315,000
Provision for LSL and Capital Commitments	804,086	752,579
TOTAL NON CURRENT LIABILITIES	1,657,757	1,651,251
NET ASSETS	4,580,398	4,460,299

Financial Statements

STATEMENT OF CHANGES IN EQUITY AS AT 30TH JUNE 2007

	2007	2006
	\$	\$
Members Funds at 30/6/06	4,460,299	4,019,414
Operating surplus 2007	120,099	440,885
Members Funds at 30/6/07	4,580,398	4,460,299

These are an extract of the full financial statements which should be read in conjunction with the notes to and forming part of the financial statements.

INCOME STATEMENT FOR THE YEAR ENDED 30TH JUNE 2007

	2007	2006
	\$	\$
INCOME		
Unexpended balance b/fwd	1,410,393	603,715
Grants	12,011,099	8,596,722
Other Income	2,732,663	2,504,760
Gross Trading Profit	48,533	29,856
Transfer from Capital Replacement Provision	108,256	
Interest Received	180,113	121,603
TOTAL INCOME	16,491,058	11,856,656
EXPENDITURE		
Staffing Costs	8,414,633	5,971,683
Travel and Accommodation	787,050	342,823
Travel and Accommodation Students	340,102	339,644
Other Expenditures	2,888,197	2,034,981
Purchases Medical Supplies	227,411	130,408
Transfers to Other Sites	1,522,021	965,437
Transfers to Community Medicare Trust	120,777	67,963
Transfers to Capital reserves	18,000	55,000
Capital Expenditures	400,446	563,119
Depreciation expense	204,348	226,062
TOTAL EXPENDITURE	14,922,985	10,697,120
OPERATING SURPLUS / (DEFICIT)	1,568,073	1,159,536
Less Unexpended Grants & Project Funds c/fwd	1,848,420	1,279,085
Operating Surplus / (Deficit) before Capitalisation of Grants	(280,347)	(119,549)
Capitalisation of Grants	400,446	560,434
NET INCOME TO MEMBERS FUNDS	120,099	440,885

These are an extract of the full financial statements which should be read in conjunction with the notes to and forming part of the financial statements.