



# ANNUAL REPORT

## 2017

# Contents Page

<b>Chairperson Report</b>	<b>Page 4</b>
<b>CEO Report</b>	<b>Page 6</b>
<b>OAMS Vision and Values</b>	<b>Page 8</b>
<b>Governance</b>	<b>Page 10</b>
<b>OAMS Board</b>	<b>Page 11</b>
<b>Community of Orange</b>	<b>Page 14</b>
<b>OAMS Model of Care</b>	<b>Page 15</b>
<b>Primary Healthcare</b>	<b>Page 17</b>
<b>Chronic Care</b>	<b>Page 19</b>
<b>Dental</b>	<b>Page 23</b>
<b>Mums &amp; Bubs</b>	<b>Page 25</b>
<b>Mental Health</b>	<b>Page 26</b>
<b>Visiting Specialists</b>	<b>Page 27</b>
<b>Out of Home Care</b>	<b>Page 29</b>
<b>Administration and Finance</b>	<b>Page 30</b>
<b>Transport and Reception</b>	<b>Page 32</b>
<b>Community Participation</b>	<b>Page 33</b>
<b>Future Projects at OAMS</b>	<b>Page 34</b>
<b>Our Partners</b>	<b>Page 35</b>

# Introduction:

This Annual Report has been prepared by OAMS Board, Management and Staff to reflect the overall operations of the organisation throughout the 2016-2017 financial years. It profiles the services and programs provided to our clients throughout the year and document our achievements in improving the health and wellbeing of our communities during this period.

This Annual Report is not a stand-alone document and has been developed in line with OAMS Strategic Plan 2015 – 2018 and our Annual Business Plan, which has been derived from the 'Closing the Gap' initiatives.

OAMS agrees to work in partnership to contribute to closing the gap in health outcomes and achieving key goals (as agreed by COAG) by implementing initiatives under the following five priority areas:

1. **Preventive health:**
2. **Primary health care:**
3. **Hospital and hospital-related care:**
4. **Patient experiences:**
5. **Sustainability:**

## **OAMS Chairperson Report:**

As the Chairperson of the Board of OAMS, it gives me great pleasure in compiling this report for the 2016/17 Financial Year. The organisation has transformed into an incorporated entity within this period, this now allows OAMS to better function as a business that can deliver additional benefits to the community it serves. It sets in place a structure that Managers and you the community shareholders have input into through defined means.

An organisation is only ever as good as the people that work within it, day in, and day out. The OAMS Board are thankful that we have such dedicated staff that have a true charter to the people they serve. Their commitment to their daily activities truly is changing the face of OAMS in the local community and showing exactly what an Indigenous Business can deliver. To our CEO and your Direct Senior Management, I take my hat off to you for your unwavering direction of OAMS, in steering it into the future, and building a business that has unparalleled service. This has been done through diversifying our offering to the wider community. It is something you need to be proud of, and has not gone unnoticed.

The OAMS Board have met regularly on a monthly basis throughout the 2016/2017 Financial Year. Our Board has worked collaboratively throughout this period, with robust discussions taking place, and input from all members due to the vast skills that are possessed by the Board. It is always the Boards focus to improve the services in which OAMS delivers to its clients, concentrating always on our core focus of primary health care services for Aboriginal and Non Aboriginal people alike.

Our new Board Members that have now been with us for an extended period of time and that were implemented as a succession plan by the Board, have contributed significantly to the direction in which we have taken, giving us a fresh and renewed outlook on how we want OAMS perceived into the future.

I congratulate each Board Member personally for the contribution to which you have made to the running and building of the OAMS Brand, from the cars that each and every community member now associates to the organisation, through to the policies and procedures that have been implemented to make this a better place to work and service the community.

Our Business Manager, Michael Halls, continues to drive efficiencies, within the business, which in turn allows us to re-invest back into the services, we deliver and the community which is a valuable contribution to our ongoing success.

Our Practice Manager, Amanda Kelly maintains a functional and effective clinical practice that allows OAMS to meet and excel in the majority of the Key Performance Indicators as set by our Commonwealth and State Health funding agencies.

The Corporate Governance of OAMS has and will always continue to be a major focus of the Board, as it now differentiates us between other service providers, in the Region and within the State of NSW. Our “Best Practice” procedures will continue to evolve with the upcoming Financial Year.

By structuring the Organisation as an operational business entity, it has allowed OAMS to recognise our further financial capacity and capitalise upon the ongoing opportunities with State and Commonwealth Funding. This has been a huge step for OAMS and its daily management. As

members of OAMS, we encourage you all to increase our member base and demonstrate to all the many and varied benefits in which we bring to our wider community.

We are breaking down the barriers that OAMS has been seen as only an Indigenous service provider. We now have many people from all ethnic groups within the community accessing our services. This in itself is a milestone as it truly shows what we as an organisation are capable of.

Other exciting things to occur this year have been:

- AHMRC & NACCHO Annual General Meeting, attended by 90% of the OAMS Board, and CEO in Canberra.
- The number of FARM Meetings held demonstrating the importance of these meetings to the OAMS Corporate Governance and ongoing “Best Practice”
- The number of active Board Meetings attended this year by Board Members.
- The direct tracking of OAMS towards its Strategic Plan.
- The successful transition of Junior Board members into contributing members of the Board.
- Registration with ORIC as an Indigenous Organisation.
- Successful Audits undertaken by recognised Financial Institutions that have reinforced our Corporate Governance and Operating Procedures.
- The evolution of OAMS proposed Out of Home Care Services
- OAMS Contribution to the Training of Medical Staff throughout the region.
- Expansion of Dental Services locally and regionally.

Whilst we have a lot of work to do in ensuring that OAMS functions collectively, as an organisation, and as a business, I have full faith in what can be achieved by the people that make up OAMS and what our brand stands for within our community and the wider business community.

We thank you for your continued support of OAMS. However, more importantly I would ask that you recognise the people who are delivering the day-to-day services to you and the community. The Staff of OAMS, a simple “Thanks” for what you are doing, goes a long, long, way.

Kind Regards

Brad Draper – Chairperson



## **CEO Report:**

We welcomed in 2017 with much anticipation and excitement with a clear focus on quality improvements right across our whole organisation.

First to this change was the transition of our incorporation under the Associated Incorporations Act to the Corporations Act, with the Office of the Registrar of Indigenous Corporations (ORIC).

This transition was necessary given our growth and expansion over the past 12 months, as we had surpassed the threshold as an Incorporated Association under the NSW Department of Fair Trading. This speaks volumes for the amazing work achieved by our Board, Management, staff and partners over the past year.

Being under the Incorporations Act now affords OAMS the opportunity to develop new systems and processes that enables greater participation and input from our members, staff, stakeholders and partners to ensure OAMS is applying Continual Quality Improvements on a consistent basis.

It also allows OAMS to source other means of funding for capital and service enhancements that we have identified as part of our Strategic Plan and future vision.

OAMS along with other Aboriginal Medical Services are measured against 16 National Key Performance Indicators. OAMS tracking against these indicators has been positive with increases across all KPI's over the past year. OAMS Board receives a formal update against these KPI's at each bi-monthly board meeting.

OAMS progression as a regional based service provider gained momentum recently with the commencement of Outreach GP service to the Kelso community. OAMS GP, Nurse and Trainee Aboriginal Health Worker conduct a one-day a week clinic at the Kelso Community Hub. This is a sound partnership with the Bathurst City Council that meets the needs of the local community.

OAMS will soon formally participate in the Western Local Health Districts Integrated Care Strategy in collaboration with The Wellness House and Orange Health Service. This project will focus on Chronic Disease coordination between our services. We look forward to what this collaboration will mean for our clients and community.

Our partnerships with our Universities have remained consistent and effective with a variety of medical and allied health students undertaking placements at OAMS over the past year.

We have also committed to a number of research projects that have a service delivery focus.

One of our more exciting activities is the Aboriginal Health Careers Pathway project. This research is a joint initiative between a number of Aboriginal Medical Services in NSW and the Northern Territory and Area Health Services in NSW. The aim of the project is to have a defined career pathway for Aboriginal people in AMS' and mainstream health services. The research project will take 20 months to complete and Zoe Byrne, OAMS staff member has been seconded to the project as a Research Assistant to support the project.

Our workforce numbers at OAMS continue to increase to meet the expectations and demands of service delivery requirements from our community and clients. Currently our staffing numbers have reached 44, which is a mix of fulltime and part-time staff.

Our community engagement has been consistent with a number of initiatives being held at local secondary and primary schools this year. OAMS has also been engaged by Clontarf to conduct health checks on all 60 male participants this year.



Our partnership with the Orange Local Aboriginal Lands Council (OLALC) continues to evolve. All staff employed through the OLALC have to complete a health check assessment as a pre-requisite of their employment.

A big thank you to Birrang Enterprises who ably assisted OAMS in achieving NDIS accreditation status late this year. This accreditation will now allow OAMS and the OLALC to commence discussions on a joint NDIS service model that will be supportive and effective for our community.

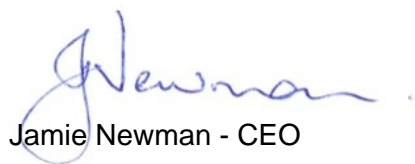
Our relationship with our funding bodies, Commonwealth Health and NSW Health has been sound with an open door approach to issues and or matters that are good, bad or indifferent.

We are grateful for their confidence in OAMS being able to deliver the range of services and supports that our community and clients require.

A massive thank you to all OAMS staff, Board and partners for their support of OAMS over the past year. We look forward to even greater 2018.

Regards,



  
Jamie Newman - CEO

# OAMS VISION & VALUES

## OAMS Vision:

Healthier Generations, Healthier Communities

## OAMS Purpose:

OAMS provides comprehensive health care for all, equips a workforce to succeed and influences best practice.

## OAMS Values:

- Self Determination
- Community Spirit
- Empowerment & Ownership
- Cultural Sensitivity
- Respect & Trust
- Honesty & Openness
- Visionary & Innovative
- Leadership





# OAMS Service Delivery

## **Operational Hours:**

### **Gateway Crescent facility:**

The service is operational Monday – Friday from 8.30am – 5.00pm.

All gazetted public holidays are honoured by OAMS and notices positioned within the organisation informing our clients and community of additional closure times.

We also close every 2<sup>nd</sup> Friday from 12pm - 5pm for our Continuous Quality Improvement training sessions as approved by the Board.

### **Clinic Hours:**

Clinical Operation is from 9.00am – 12noon.  
Closed for lunch between 12.00noon and 12.30pm and  
Clinic recommencing from 12.40 – 4.30pm.

### **Perc Griffith Way facility:**

### **Clinic Hours:**

Clinical Operation is from 9.00am – 12noon.  
Closed for lunch between 12.00noon and 12.30pm and  
Clinic recommencing from 12.40 – 4.30pm

# Governance

OAMS has a Board of Directors that meets regularly throughout the year. The Board determined that six Bi-monthly meetings would be scheduled annually.

## Powers of the committee

The committee is to be called the committee of management of the Association and, subject to the Act, the Regulation and these rules and to any resolution passed by the Association in general meeting:

- (1) is to control and manage the affairs of the Association, and
- (2) may exercise all such functions as may be exercised by the Association (see **rules 3, 4, 5, 6 and 7** above), other than those functions that are required by these rules to be exercised by a general meeting of members of the Association, and
- (3) Has power to perform all such acts and do all such things as appear to the committee to be necessary or desirable for the proper management of the affairs of the Association.

## Constitution and membership

Subject in the case of the first members of the committee to section 21 of the Act, the committee is to consist of:

- a) the office-bearers of the Association;
- b) 1 Aboriginal Identified youth member (16 to 25 years old); and
- c) Two skilled based (legal, business and or financial) positions. These positions are to be appointed by the committee and selected on merit.

The office-bearers of the Association are to be Aboriginal Identified positions only, those being:

- a) the Chairperson
- b) the Deputy Chairperson
- c) the Treasurer, and
- d) the Secretary

- (2) Each member of the committee is, subject to these rules to hold office for a period of 2 years following the date of the member's election, expiring at the conclusion of the annual general meeting, but is eligible for re-election.
- (3) In the event of a casual vacancy occurring in the membership of the committee, the committee may appoint a member of the Association to fill the vacancy and the member so appointed is to hold office, subject to these rules, until the conclusion of the annual general meeting next following the date of the appointment.
- (4) No person is eligible to be elected or appointed as a member of the Board if they:
  - a) are a current full or part time employee of the Association;

Or

  - b) Are a representative or nominee of a government agency or department that provides any form of funding to the Association.

# OAMS Board

## Chairperson:

Name: Brad Draper  
Term: 2 Year  
Commenced: 2015



## Deputy Chairperson:

Name: Pat Farrelly  
Term: 4 years  
Commenced: 2013



## Secretary:

Name: Annette Steele  
Term: 4 Years  
Commenced: 2013



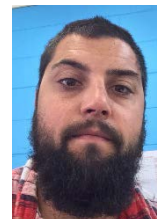
## Treasurer:

Name: Debbie Spicer  
Term: 4 years  
Commenced: 2013



## Youth Director:

Name: Tom Budden  
Term: 1 year  
Commenced: 2016



## Clinical Director:

Name: Sue Patterson  
Term: 2 year  
Commenced: 2015



## Finance Director:

Name: Paul Dowler  
Term: 2 years  
Commenced: 2015



# OAMS BOARD IN ACTION

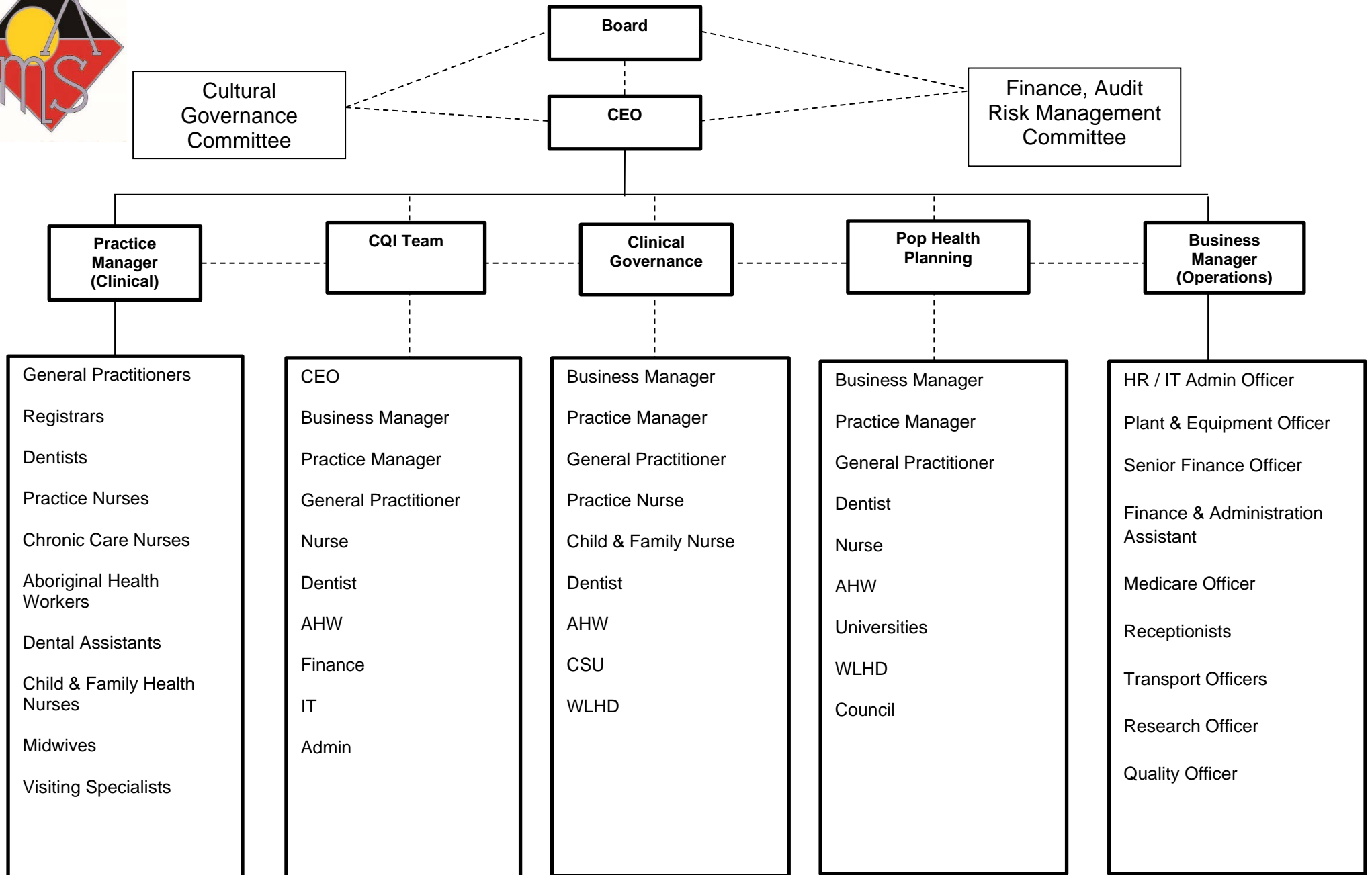


The OAMS Board completed ORIC Training as part of our transition for growth into the future.



The Board had the opportunity to attend the NACCHO Members' Conference and Annual General Meeting in Canberra. (NACCHO - National Aboriginal Community Controlled Health Organisation)

'Our Health Counts: Yesterday, Today and Tomorrow'



# Community of Orange

## Orange population – Aboriginal and Non Aboriginal

	All population	Aboriginal population	% of population
<b>Total</b>	40,343	2552	6.3%
<b>Male</b>	19,615	1284	5.4%
<b>Female</b>	20,728	1268	5.3%

\*\* 2016 Census - Australian Bureau of Statistics

Across genders there is a relatively even distribution within the Orange Aboriginal population.

## OAMS Population – Client Numbers

	Client Numbers at OAMS	Aboriginal Clients	% of Aboriginal Clients
<b>Total</b>	5,710	3,330	58.3%
<b>Male</b>	2,725	1,615	59.2%
<b>Female</b>	2,985	1,715	57.4%

\*\*30/6/17 Pencat Report

Total Client Numbers includes, Current, Transient and Outreach Clients (Postcode 2800)

OAMS believes we services approximately 90% of the Aboriginal and Torres Strait Islander population of Orange.

It is interesting to note that OAMS Aboriginal Population from this data is more than the population of Aboriginal and Torres Strait Islander population of Orange.

## Orange Aboriginal population by age

	Aboriginal population	Percentage
<b>0 - 4</b>	397	11.9%
<b>5 - 14</b>	702	21.1%
<b>15 - 24</b>	659	19.7%
<b>25 - 44</b>	914	27.5%
<b>45 - 64</b>	554	16.6%
<b>65+</b>	101	3.2%

\*\*30/6/17 Pencat Report

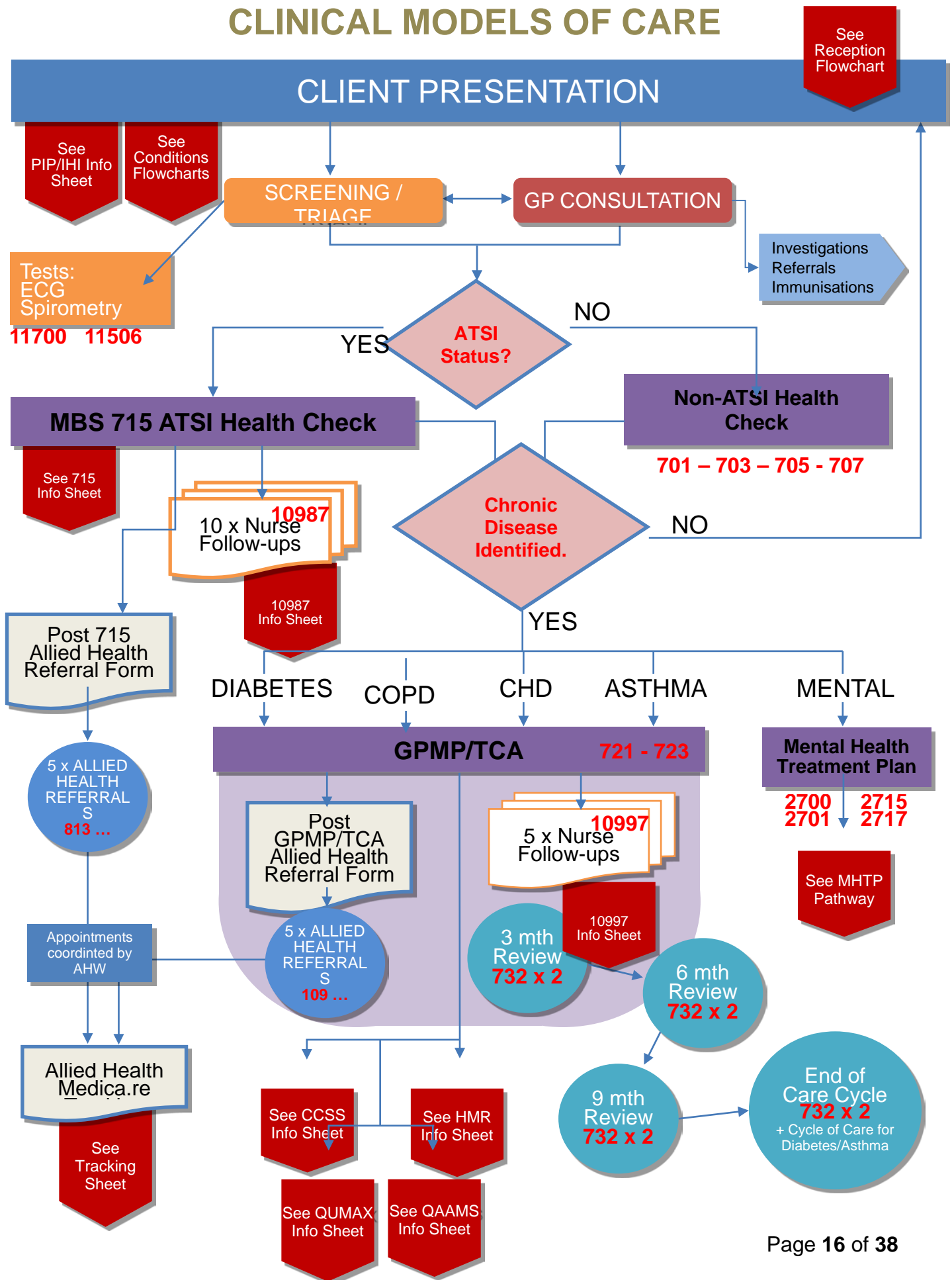


# OAMS Model of Care

Our model of care focuses on:

- Models of Care help support the delivery of **high-quality care**.
- Models of Care enhance **consistency** across different clinics
- Models of Care make for a **transparent, accountable, evidence based** practice.
- Models of Care provide **guidance** at each stage of the care process, especially for new staff.
- Models of Care help the patient **understand** their journey.
- Models of Care ensure OAMS makes the most of **Medicare income** opportunities.
- Models of Care support **data recording** and accuracy.

# CLINICAL MODELS OF CARE



# Primary Health Care

The Primary Health Care team of Registered Nurses and Aboriginal Health Worker see patients for pre-consultations, wound care, adult and child Aboriginal Health Checks, vaccinations and medication administration via injection. The Primary Health Care staff work closely together with the Doctors, Chronic Care Team and reception staff to co-ordinate care for our patients. We also work with the Mum's and Bub's and other Allied health professionals.

In 2017, staff have also participated in a variety of valuable outreach work, this included attending the Orange Agriculture Show and setting up a stall. Our staff were able to make contact with community members and increase awareness of our services while participating in general health promotion activities.

The table below shows our contact with patients over the last 12 months compared to last year. The increase has been around the focus of integrated and holistic care.

<b>Clinical Episodes of Care</b>		
	<b>2016</b>	<b>2017</b>
<b>GP</b>	10,981	13,067
<b>RN</b>	2,276	6,276
<b>AHW</b>	696	249

\*\*Data from Communicate extract as at 30/6/17 – Decrease in AHW episodes is the new health workers and supervision requirements.

Staff regularly attend our outreach clinic in Kelso where our Registered Nurses see patients for pre-consultations, simple wound care and Aboriginal Health Checks. On average assessing 5 - 6 clients per day.

Our Aboriginal Health Worker has commenced his traineeship, started TAFE in August of 2017, and should finish in the latter half of 2018. The Aboriginal health worker is assisting with the GO4FUN program, which will be commencing in February 2018 and is currently working on establishing a men's program that will look at ways to offer support and education to men in the local community.

Earlier this year one of our Registered Nurses attended a wound conference, which greatly benefits patient is that present for wound care in our clinic, increasing our knowledge of current and emerging products related to wound care. She is also attending an upcoming conference that looks to update and improve practical wound care skills, which will ensure that best practice principles are maintained when attending patient wound care.

One of our Registered Nurses is also currently completing her Immunisation Certificate, enabling her to be a nurse immuniser and increase efficiency in delivering immunisations as well as the delivery, by nurses, of patient education relating to immunisations as well as the Team will be attending smoking cessation course in February 2018.

Nursing staff regularly give patient education on a range of health issues, promoting good health outcomes amongst our patients.

OAMS have conducted 1493 Aboriginal Health Checks, which already shows a growth of 317 from the previous year. We hope to continue to have growth in this area for the next financial year. Every 4-6 weeks staff are conducting recalls specifically for annual Aboriginal Health Checks by either sending out reminder letters or via phone calls to their listed contact number.

Management Plans and Team Care Arrangement have also see an increase over the last 12 months.

**Completed Aboriginal Health Checks 01/07/2016 – 30/06/2017**

<b>MBS Item</b>	<b>2016</b>	<b>2017</b>
<b>715 Aboriginal Health Check</b>	1,176	1493
<b>721 GP Management Plan</b>	225	329
<b>723 Team Care Arrangement</b>	208	323
<b>732 Review of GPMP</b>	70	157
<b>2700, 2701,2713,2715.2717 - MHCP</b>	202	516
<b>2712 Mental Health Review</b>	16	21

\*\*Data from Communicare extract as at 30/6/17

The Primary Health Care team also coordinate the bookings for a number of Allied Health and specialist clinics that are conducted at OAMS. These include a hearing clinic, a service provided by Hearing Australia, a Dermatology clinic, and organising the submission of applications for funeral transport funding related to Sorry Business.

The Primary Health Care Team, on a daily basis check and restock the Doctors consulting rooms with essential disposable equipment. The vaccine storage fridge temperature is recorded twice daily. We also check the resuscitation trolley on a weekly basis as well as the Medication cupboard for drugs that are going out of date. The HOBO temperature monitor for the vaccination fridge is checked at the start of every week. Monthly the Blood sugar monitor machines are calibrated.

The Primary Health Care Team are currently involved in the IECG project. This project aims to collect ECG data from Aboriginal Males over the age of 45yrs in order to improve health outcomes for Aboriginal Males.

OAMS commenced a new partnership with NSW Ambulance to allow patients that are assessed by paramedics as not requiring a presentation to the Emergency Department to instead be referred to OAMS for assessment and follow up. So far this year we have had one referral from NSW Ambulance for this project.

Our team have worked hard over the past year to build rapport and therapeutic relationships with our patients with the aim to improve patient satisfaction, outcomes and return to the service.

# Chronic Care

The Chronic Care Team provides services to our clients with complex and chronic health care needs in conjunction with our General Practitioners. The team is made up of Liz our Coordinator (Registered Nurse), Alison Registered Nurse, and Jessica our Aboriginal Health Worker trainee who is currently completing Primary Health Care through TAFE.

The Chronic Care team's role within the practice is to ensure that those adult patients with chronic illness and complex health needs receive treatment and education to assist them in improving or maintaining their health. The team members work closely with the clients and their GPs to ensure that their medical needs are being met.

This includes:

- Working with the clients and GP's to develop GP management plans identifying the client needs
- Ensuring Follow up appointments are made and kept.
- Pathology and other tests are arranged and happen in a timely manner.
- Social and psychological issues affecting health are addressed as a part of care provision.
- Providing support to attend specialist appointments including attending to act as support for clients where that is of assistance.
- Undertake routine patient checks when due such as Aboriginal health checks, diabetes cycles of care, pre-checks for GP appointments.

The Team is also involved in :

**Aunty Judy program** – a gentle exercise program for Aboriginal clients with chronic illness such as cardiac or respiratory disease or diabetes. Run at Orange Health Service twice weekly with the hospitals chronic and complex care registered nurse taking the lead on assessments. OAMs provides a nurse and /or AHW for each session to assist in monitoring the patients while they exercise. This time allows team members to yarn with the clients and informally look at any upcoming health care needs. Information sessions are held during the lunch on a variety of topics related to healthy lifestyle. OAMS also provided the lunches prior to the sessions to ensure that clients are not exercising without eating appropriately.

**Connecting Care Liaison** - The team meets with relevant members of the chronic and complex care team and connecting care Liaison at Orange Health Service with regard to any clients in hospital or about to be discharged so that continuity of care can occur. This enables a planned approach and has improved communication in developing post hospital care plans.

**Research Participation** - The Chronic Care team is involved in a number of projects relating to improving client outcomes related to complex health issues:

iECG project – monitoring of aboriginal males > 45yrs of age for the detection of atrial fibrillation (a cardiac arrhythmia). Slow start to project due to staff changes and the need to repeat training. Project finishes in December 2017. No outcomes available as yet.

Telehome Monitoring Project – monitoring patients in their home for a variety of clinical observations. Results are sent electronically to OAMs in real time. Project has been running for the last 12months across all Bila Muuji Aboriginal Medical Services. Assessment of the project

will take place in December 2017. The project allows GPs to review regular observations and make changes to treatment in a timely manner without having the patient return to the clinic.

Integrated Care Project – OAMs is a third wave site for the Department of Health Integrated Care Project. The Chronic Care team is in the initial stages of developing our proposal for the project. The GP lead on the project is Dr Le Lievre.

OAMs will be focusing on improving health outcomes and reducing hospital admissions for a cohort of clients who have both diabetes and cardiovascular disease and take at least 8 different medications on a daily basis. It is expected that over time this project will be rolled out to other clients in the practice.

Lighthouse project - A project looking at improving health outcomes and follow-up for Aboriginal patients who have experienced an Acute cardiac event. OAMS is involved in this project being conducted through the Orange Health Service.

**Psychosocial support for OAMS Clients** – The chronic care team is heavily involved in assisting clients to resolve social issues that impact on their health. We act as a liaison with funding bodies such as Marrabinya and the IPTAAS project as well as Housing providers and other providers of social assistance.

**Smoking Cessation** – The chronic care team provides smoking cessation support to clients of OAMs according to best practice guidelines from the department of health. The program currently has 9 clients actively participating. A community smoking cessation seminar at OAMS is planned for February 2018 to further develop our smoking cessation outreach.

**Coordination of Allied Health Clinics** – The team coordinates the diabetes Education Clinic and the podiatry clinics including managing appointments and billing. The team assists in managing the psychiatry clinic bookings and billing as needed.

**Outreach** - Team members participate in outreach to the wider community on a regular basis including such events as the Elders Olympics, Women's Health Day, Naidoc Week and local aboriginal sporting events such as the gala day held at Canobolas High School. Our Aboriginal Health Worker is a member of the OAMs cultural committee working to ensure that activities of the chronic care team are culturally appropriate and safe.

**Professional Development** - The team is supporting an Aboriginal health Worker Trainee in the development of the clinical skills required for successful completion of their Cert IV in ATSI Primary healthcare Practice. The health Worker is an important role within the team as we develop relationships with our aboriginal clients and community.

Members of the team have participated in the following training over the last 12 months

- Immunisation provider annual update
- Diabetes information day
- QAAMs training for point of care blood and urine testing for diabetic clients
- Retinal Scan training – diabetic patients
- Marang dhal – Eating Well program
- IECG training
- Telehome Monitoring program training
- Upcoming training includes:
  - Steps Falls prevention program
  - Wound Care training
  - Community exercise program train the trainer program
  - Smoking Cessation for all team members



**Plans for the next 12 months** – Over the next 12 months the Chronic Care team will see some changes to best reflect what they do to support OAMS clients

- Changing the name of the team from Chronic Care to Integrated Care team to reflect the current direction of service provision.
- Development and expansion of our integrated care model for all clients with chronic and complex care needs.
- Review our model of care for diabetic patients to improve health knowledge of clients and reduce diabetes related complications.
- Review of the GP management process and documentation with OAMS GPs to ensure we are using best practice principles in care planning.
- Continued team member professional development.

# OAMS TEAM IN ACTION



The team have an opportunity to be involved in many great activities through the year.

Our CQI activities have included Cultural knowledge Exchange days, Health and Safety education, collaborative thinking and team sharing



# Dental

The dental team had a busy year with numerous oral health promotion activities conducted as well as a well-accessed and utilised dental clinic.

Our Dental team consists a full time Dentist and three Dental Assistants operating at OAMS 5 days per week. Our partnership with Charles Sturt University has enabled us to employ a part time dentist from CSU of a Monday and Tuesday. Our partnership with Western NSW Local Health District has been amazing with the ongoing support provided to us through the release of a Dental Therapist and Dental Officer to provide clinical services to our children aged 18 years and under from Orange Health Service two days per week  
OAMS dental team have been successfully providing outreach services to:

- Bathurst- Bathurst Health Service
- Blayney- Chronic Care Program
- Parkes- Operating out of the new hospital
- Forbes- Operating out of the new hospital
- Cowra- Cowra Health Service

OAMS dental team also participates in Health promotional activities including the following:

- NAIDOC Dental Promotion to community.
- Moad Street Childcare - Oral health checks with Dentist and Dental Assistant
- Yarrawong Childcare Centre- 'How to brush our teeth' as well as oral health checks and Diet and Nutrition advice with our dental officer.
- Cootes Access Centre with Dental Assistant and our Aboriginal Health Worker presenting Tooth brushing information and diet and nutrition advice.
- Our Dental Assistants presented to diet and nutrition advice as well as Tooth Brushing Information to our mums and bubs group at OAMS.
- Glenroi Primary Years 5 - 6 and Care West Pre School.
- Bowen Primary and Years 5 - 6 and Care West Pre School.
- Bowen Pre School Oral health information and diet and nutrition information to children and parents by our Dental Assistants.
- Mouth guards fabrications for sponsored footy teams.

## **Partnerships**

Our partnership with Western NSW Local Health District has been amazing with the ongoing support provided to us through the release of a Dental Therapist from Orange Health Service Two days per week to provide clinical services to our younger clients.

We were pleased to accommodate Charles Sturt University students in their 5<sup>th</sup> year to work here every Tuesday over the last few months, practical sessions with TAFE students in sterilisation and chairside.

## **Course / Conference Attendance**

Our Dentist and Aboriginal Dental Assistant attended the ninth Aboriginal Oral Health Conference in October 2017

OAMS Dental Team attended the LHD Oral Health Conference in October 2016 Our Dental team attended the Annual Orange Show promoting our service.

OAMS were supplied with oral health resources from COHS for targeted projects within the community this included toothbrushes, sippy cups, toothpaste and water bottles.

# Maternal & Infant Health Care

The MD teams are an integral part of OAMS when looking at how we meet our vision of Healthier Generations, Healthier Communities. The MD team's roles is working with the community around antenatal visits, reducing incidents of low birth weight through support and education, child Immunisation and encouraging all families to have a complete health check.

The team consists of three part time GPS, two Child and Family Health Nurse, an Aboriginal Health Worker and Midwife.

## Occasions of Service 1/7/16 – 30/6/17

	Position	Occasions of Service
Skye Boughen (Part Time)	GP	1,752
Deb Peterson (Part Time)	GP	528
Belinda Craig (Part Time)	Midwife	526
Kath Taylor	Registered Nurse	642
Mandy Thornberry	Registered Nurse	1,139
Talisa Smith	Aboriginal Health Worker	106

\*\* Data Extracted from Communicare

The MD Team also supports the Out of Home Care Team, working within the integrated model of care linked through the tripartite with Western NSW Health District and FACS.

This year the team have started a 'Mums and Bubs' group for women who have used our service for antenatal care further support them in the postnatal period. These run weekly during term time, and consist of a time for chatting and supporting one another, with a light lunch provided by OAMS, which helps to model healthy approaches to eating.

Brief topics are presented during the session on common parenting related issues, such as ear health, healthy eating, common childhood infections. The women coming also often take the opportunity to 'drop in' with one of the doctors for various health concerns.

Training - 3 members of the team completed training in audiometry, and we have performed over 120 screening hearing tests in the last year, including an outreach program to Kinder and year 1 and 2 students at Orange primary schools with significant proportion of Aboriginal children.

# Well-being

OAMS focus is on enhancing the level of Well-being services through the ongoing development of our model of care to support our local community.

Our current Well-being team consists of a visiting Psychiatrist, on-site Graduate Psychologist and two Mental Health Nurses.

Our psychiatrist, Dr Michael Scott, attends OAMS from Sydney 1 day per month under the auspices of the Rural Doctors Network. Since working at OAMS, Dr Scott has provided an invaluable service to the community, particularly to those suffering from severe mental illness. In 2016, Dr Scott provided 129 episodes of care (was working 2 days per month in 2016) and this year, he has provided 70 episodes of care to date.

OAMS graduate psychologist, Nathan Sutherland, a local Aboriginal man, is a full-time employee at OAMS. He is currently in the process of completing his psychology internship and is on track to complete this next year. In order to complete, his internship Nathan requires supervision from Clinical Psychologists. OAMS enabled this by collaborating with Orange Health Service Mental Health team to provide this supervision. Nathan can assist with managing a number of issues, including depression, anxiety, sleep problems and behavioral issues. At present, Nathan has provided 351 episodes of care this year.

OAMS Mental Health Nurses, Rachel Rossiter and Robin Scott currently attend OAMS 1 day per week. Rachel has been working at OAMS on a Monday, whilst Robin has been working at OAMS each Tuesday.

As well as working at OAMS, they currently work at Charles Sturt University.

Their combined years of experience in the mental health field has been of great value to the community, particularly to those clients who prefer to see a female counsellor.

To access mental health services, a prospective client will require a Mental Health Care Plan and a referral from their GP. At present, Robin has provided 121 episodes of care whilst Rachel has provided 84 episodes of care this year.



# Visiting Specialist and Allied Health Services

OAMS is supported under various funded projects to provide Specialist and Allied Health Service to the community.

Visiting Services	2016	2017	Frequency of Service
Gynaecology	169	205	1 day month
Psychiatry	129	70	1 day month (2 days 2016)
Psychology	10	351	5 days a week
Speech Therapy	N/A	241	2 days a week
Diabetes Educator	99	106	1 day per month
Podiatrist	158	172	1 day month
Sports physician	99	47	1 day month
Dermatologist	N/A	114	1 day month
Eye Health	90	120	6 times a year

\*\*Episodes of care. Data from Communicare extract as at 30/6/17

## Gynaecology Clinic

We have Dr Michael Campion a Gynaecologist from Sydney who runs a clinic at OAMS once per month to in particular do Colposcopies for our women whom have had an abnormal pap smear requiring this procedure. Leonie Parker is a nurse practitioner who works with him along with OAMS staff. This clinic is funded by the RDN and it is getting so busy we are looking at 2 days per month in the near future.

## Speech Therapy

Susan Smith began a Speech Therapy service operating 2 days a week in March this year under the funded HEALS program. The service has grown over the year and there are currently 25 clients receiving weekly or fortnightly speech therapy sessions and 8 clients on a waiting list for speech therapy. Speech therapy sessions have been held in a variety of locations including OAMS, schools and pre-schools.

## Diabetes educators

We have the diabetes educators whom come from Orange Hospital Service Monthly to run a clinic for our Diabetic clients.

## Podiatrist

OAMS continues to maintain a relationship with a local Podiatrist Dana Standring of Footrix Podiatry. This service is extremely popular with additional clinic required to reduce the waiting list.

## **Dermatologist**

Dr Michelle McRae has been running a fortnightly dermatology clinic since November 2016. Michelle's clinics are very well attended not only by OAMS clients but by other community members as well. Michelle's clinic is a bulk-billing clinic. The hospital public clinic closed last year.

Michelle gets non-OAMS clients to have their referrals sent to her rooms where she triage the referral has to make a decision around if they can access the service at OAMS. All OAMS clients' can access her clinic. She brings along a dermatology registrar each fortnight with her and there is an Aboriginal Enrolled Nurse employed to work with Michelle in her clinic as well.

## **Eye Health**

Wellington Aboriginal Corporation Health Service (WACHS) Eye Health Program conducts eye health clinics bi-monthly at OAMS. Visiting staff from WACHS includes the Eye Health Coordinator and Optometrist. This clinic offers free assessments and if required free glasses for Aboriginal clients of OAMS.

We also conduct every 2 months an eye clinic at the Kelso Community hub in Bathurst.

In addition to these clinics, we received a retinal camera and all nurses and health workers have been trained in the use of this camera with GP is doing an online module in how to review the photos. This will enable OAMS to detect Diabetic retinopathy in its early stages as well as cataracts.

## **Chiropractor**

An exciting opportunity presented itself to OAMS earlier this year with local renowned Chiropractor Tom Cole seeking accommodation to conduct his clinics. OAMS welcomed Tom to our service and he currently provides clinics to the local community and receives referrals from OAMS GP's.

# Out of Home Care

OAMS currently manages the Health pathways for 260 Out Of Home Care (OOHC) children. Of those 260 children, 181 identify as being either Aboriginal or Torres Strait Islander and unfortunately, this number is expected to increase in the coming years.

Ash Naden has been jointly employed by OAMS and Anglicare to coordinate these OOHC services to our children and young people.

OAMS has strong relationships with Life without Barriers (LWOB) and Anglicare. OAMS OOHC project also focuses around different aspects of the child or young person's life. These things include but are not limited to:

- Identity
- Culture
- Life skills
- Housing
- Employment
- Education and
- Drug and alcohol

Due to the number of different services available here at OAMS, we are able to address many of the children's health needs in the one spot.

OAMS Psychologist is able accompany Ash meet the children as many of them do require wellbeing type intervention and support. By being able to bring Nathan out he can make the children aware of who he is and he can explain what he does and how he can support them making it a little less daunting for them. We have now had three residential children successfully come in and see our Nathan weekly.

Being able to introduce the child or young person to different staff members in the visits will break down that barrier of coming out to the doctors as they know the familiar faces and may feel more comfortable because of it.

The OAMS team have also developed a number of different educational tools that has been used within the health system. Presenting health education in a way that they can engage well with has been appealing to them.

OAMS works closely with the Cultural Planner at Life without Barriers to organise fortnightly Aboriginal Art classes for our residential children to participate in who are currently working on a painting to donate to the Benjamin Grove. Other activities have include Didgeridoo lesson put into place for one of our young male Aboriginal residential boys who enjoyed that thoroughly and are now wanting lessons.

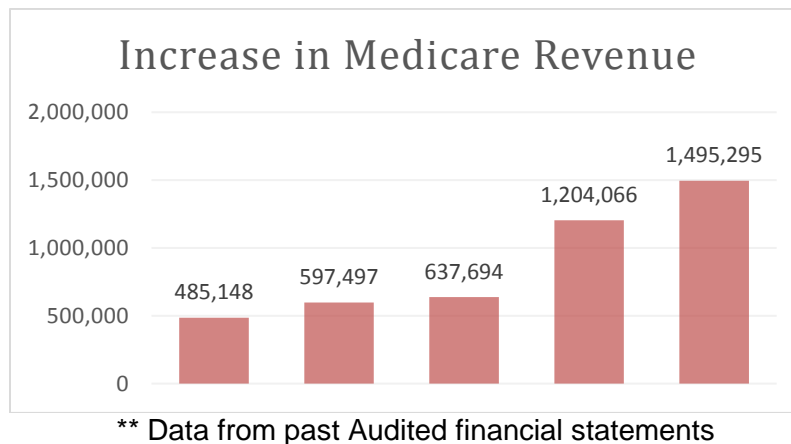
These types of activities help to inspire our children to be the best version of themselves.

OAMS Aboriginal Health workers and Ash recently just gained work experience for two of our residential children, one at a local smash repairs business for one of the young Aboriginal boys and the other here at OAMS working on cultural plans alongside the OOHC Team.

# Administration & Finance

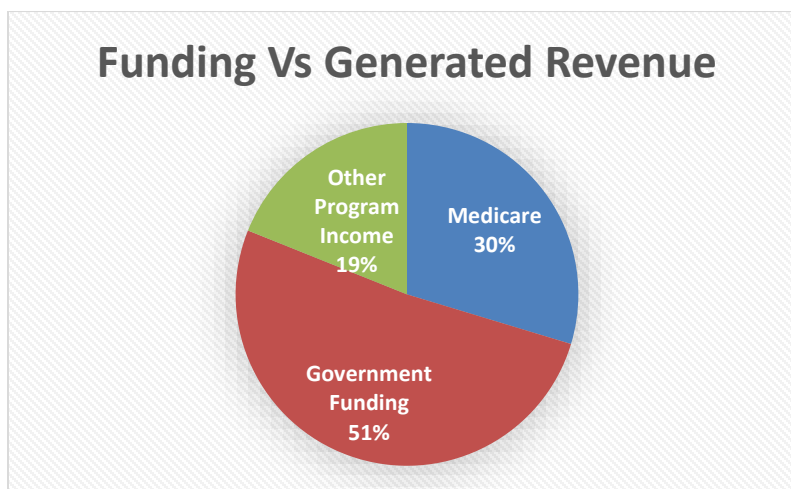
The Finance team has continued to expand in 2017 with the created position of Medicare Officer introduced.

The Medicare officer's role has been to serve as the primary Medicare compliance contact and the person responsible for overall compliance with federal, state and local laws, rules and regulations affecting Medicare services and programs. The role has evolved to coordinate and communicate to OAMS staff, where appropriate, all Medicare compliance activities and programs, as well as planning, implementing, and monitoring of these programs, by providing training and awareness. The graph below shows the increase in Medicare revenue over the last 5 years.



The finance team have continued working hard on working with contractors and suppliers ensuring OAMS receives cost effective services and reducing costs where possible. The team continues expense monitoring which has ensured OAMS remains in sustainable position to support our continual growth and add services for the community.

OAMS has also seen a change over 2017 in how it sources its funding. 49% of OAMS funding for 2017 was from Non-Government funding.



The Administration and Continuous Quality Improvement (CQI) Team have had a busy 12 months implementing a number of improvements across OAMS to improve and simplify its services and engagement with the community. These improvements include:

- Installation of a new Phone System – OAMS invested in an electronic phone system, collaborating with KNET a local organisation to design a suitable phone system to manage OAMS client growth.
- Upgrade of Server and IT Equipment – OAMS relies heavily on been able to effectively and safely record patient information. OAMS worked closely with Cloudwise our IT provider to build an IT system integrated with the release of the NBN into the area.
- HR System – OAMS purchased an electronic Human Resources program to manage the increase in staffing numbers at OAMS. Paper files have now been converted electronically and are available in the new database.
- Intranet/SharePoint – The introduction of the Sharepoint has seen an increase in the ease of access of documents and improved how OAMS staff communicate.
- Uniform Changes – The uniform changes reflect the increased professionalism of OAMS staff and how we engage with the community. The uniform has subtle difference both Clinical and Non Clinical staff.
- Electronic forms – OAMS are been transferred from manual form to electronic form to make them easier to complete and reduce the need for printing
- Continuity Plan – OAMS continuity plan has been updated to reflect the risks associated with storage and access of data in the event of an emergency.

OAMS has also remained accredited under ISO for Management, AGPAL for Clinical and QIP for Dental. This has been an extraordinary achievement by the whole organisation.

# Transport & Reception

Transport is offered to clients of OAMS to assist client's access health services, in particular GP appointments, specialists on site, external specialists, mainstream health service, imaging and pathology services. Our transport team of Ronald Ebsworth and Walter Leonard dedicate themselves to our clients and have gone over and above their duties by committing to transporting dialysis patients every morning to and from Orange Health Service before normal commencement of OAMS clinics.

## Patient transports 01/07/2016 – 30/06/2017

Transport	2016	2017
Males	2,127	2,254
Females	3,772	4,243
Refusals	3	22
DNA	661	785
<b>Total Transport</b>	<b>6,563</b>	<b>7,304</b>

\*\*Extracted from Communicare (OSR CS-02)

The reception team is Zoe Byrne, Katherine Thurston, Sharlene Williams and Fiona Clark.

Reception is OAMS front of house team, and have the important job of first impressions. The wide range of reception duties include; confirming a prescription with a patient, congratulating a new mother, organising transport, and rescheduling and shuffling patients to ensure their wait times are minimal.

## Patient Bookings 1/7/16 to 30/6/18

	Perc Griffith MD & Dental Clinic	Gateway Cres Main Clinic
Booked Appointments	4280	15188
Walk in Clinic	154	3624
Extra Appointments	1117	5670
Appointments Cancelled	1498	3761
Appointments Rescheduled	722	2071
Appointments people didn't show up	373	783

\*\*Extracted from Communicare

Since the implementation of the new phone system, there have been nil complaints regarding unanswered calls, as the calls are generally answer promptly and not dropping out. The new system allows 10 calls to come through at any one time with a callback being offered in long wait times.

All answered calls has led to the GP appointments slots regularly booked out with full clinics and improved patient feedback and satisfaction



# Community Engagement

Central to an effective service provider is their ability and willingness to engage with community and clients at all levels.

At OAMS we are committed to our community through participation in local cultural events such as National Naidoc Week, Sorry Day and Reconciliation Week to name a few.

Our partnership with the Orange Local Aboriginal Land Council, Aboriginal Women's Group and Elders Groups ensures we are engaged and connected to our people at all levels.

OAMS partnership with the Local Aboriginal Men's Group has been consistent for the past 5 years with the creation of the healthy lifestyle program. This numbers for this program increased with the local Orange Aboriginal community participating in the NRL Healthy Weight Challenge in 2017.

We welcomed the introduction of the Clontarf Academy at Canobolas High School in 2017. The Clontarf program has approximately 60 young Aboriginal male students participating in this initiative. All of these students had to undertake a health check at OAMS to be able to participate in the program.

OAMS conducted a Dental Display at the Orange Show in 2017. Dental staff and other OAMS team members provided dental and other OAMS services promotion to the local community over the course of the day.

OAMS was invited to have a tent display at two local Rugby League events during 2017. One event was the Group 10 Indigenous team versus Group 10 All Stars team played at Blayney. OAMS team had our marquee set up and provided health promotion and give-aways to the community during the game. The other event was Orange Hawks RLFC who specifically named one of their local competition games as the Indigenous Round to mirror the NRL Indigenous Round. OAMS again participated with our marquee, promotional material and give-aways for local community members during the day.

Both of these events where conducted on a weekend and OAMS staff gladly participated.

OAMS also provides financial support for community groups, sporting groups and individuals. It is important for OAMS to support its local community and to provide opportunities for people to be involved in these groups as part of wellbeing management.

# OAMS Future

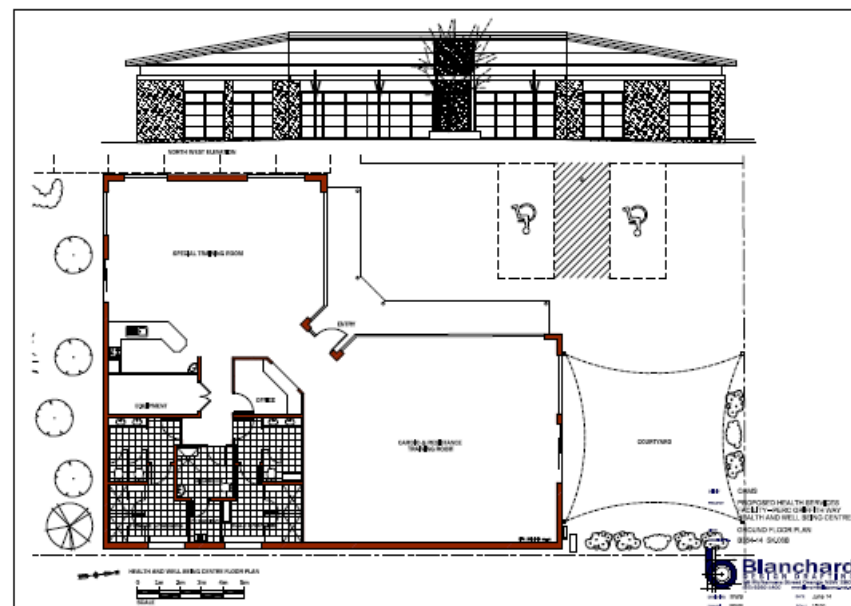
## Capital Works - Stage 3

OAMS proposes to build a health and wellbeing facility at its existing medical complex in Orange. This facility will complement the work already completed in Stages 1 and 2, and will consolidate the OAMS Model of Care and holistic approach to client care.

The Health and Wellbeing facility will house accommodation for the delivery of various programs to support chronic disease prevention and management. This includes the provision of:

- Rooms for use for assessments, meetings and clinical provisions;
- Activity / exercise area;
- Amenities including kitchen, toilets and change areas.

The new building is a key part of our development of a contemporary, welcoming health hub in Orange, which supports the provision of care for the broader region. Building the facility alongside our existing premises provides a holistic approach to health prevention and management.



# Our Partners

## **Bila Muuji Regional Aboriginal Health Service**

The Bila Muuji Aboriginal Health Services Incorporated comprises of Aboriginal Community Controlled Health & Related Services from Orange, Wellington, Dubbo, Coonamble, Walgett, Brewarrina and Bourke. The Bila Muuji is very active in trying to address the health inequality in their local communities.

The members of Bila Muuji meet every second month and meetings are held in Dubbo and Sydney due to the inability of the major funding agencies RSG and NSW Ministry of Health to travel away regularly from their respective work base.

The collegiate relationships as a member of Bila Muuji is valuable to share common concerns of business and offering strength in numbers when lobbying for regional and or local program funding.

OAMS has been a financial member of Bila Muuji since inception and participated in meetings, forums and workshops conducted on behalf of Bila Muuji during 2017.



## **Western NSW Local Health District**



OAMS continues to work in partnership with the Western NSW Local Health District (WLHD), particularly through the Maternity, OOHHC, Chronic Care and Oral Health services of the Orange Health Service.

The WLHD is a member of OAMS Clinical Governance Committee to provide invaluable advice and direction in our attempts to achieve consistent care for our community and clients.

## **Western Sydney University - (WSU)**

OAMS continues to collaborate with WSU through our Medical Students placement program and a number of research projects that have been conducted during the year and current projects awaiting funding or partially completed.



## University of Sydney - (UoS)

OAMS in collaboration with Orange Health Service Aboriginal staff conducted 'cultural education' days with UoS medical students during 2017. These sessions were warmly received by students as it gave them an understanding of our community and how we collaborate with the local hospital on care coordination for Aboriginal clients.



## Charles Sturt University - (CSU)



OAMS partnership with CSU dental school continues to evolve. OAMS CEO conducted various lectures with Year 5 students and Year 5 students were engaged to undertake clinical placements at OAMS dental service.

OAMS secured dental services from CSU in 2017 on a fee for service arrangement. It is expected that this service will increase in 2018.

## University of Wollongong - (UoW)



OAMS partnership with UoW was reduced this year due to unforeseen circumstances. We now have one student for one day a week over the term of the year. Other students travel from Forbes to participate in classes with the UoW Medical Educator at OAMS building.

## Other Tertiary Institutions:

### University of Newcastle



OAMS hosted a large number of first and second year medical students this year from the University of Newcastle. The visit to OAMS coincided with their annual 'bush' pilgrimage where they travel the region and see first-hand what it's like working in rural and remote regions of NSW.

## TAFE Western NSW

OAMS continued to work closely with TAFE during 2017. Our 3 Trainee Aboriginal Health Workers are registered with them to undertake their Certificate 4 in Aboriginal & Torres Strait Islander Health Worker course.

TAFE students doing the Dental Assistance course continue to access OAMS Sterilising Unit to complete practical components.



## GP Synergy



OAMS again collaborated with GP Synergy for the provision of GP Registrar candidates. Dr Yan Shen, Dr Hugh Le Lievre, Dr Tim Jones and Dr Deb Peterson, undertook placements with us in 2016/17.

OAMS is looking forward to a strong relationship with GP Synergy into the future with additional registrar placements.

## Rural Doctors Network



The Rural Doctors Network has been consistently funding OAMS for a variety of much needed specialist services to our clients and community. Our funded programs for 2016-17 included:

- Psychiatry
- Psychology
- Colposcopy
- Chronic Disease
- Podiatry
- Diabetic Educator

**OAMS Connection with our State & National Affiliate:**



**AH&MRC**



OAMS relationship with the AHMRC and NACCHO will change from 2018 due to a review of both entities by Commonwealth Health. From 2018, NACCHO will be the lead agency and will fund AHMRC to provide support services to members throughout the State. This change has resulted in an organisational shift at the AHMRC and a proposed new organisational structure will be presented to the AHMRC Board for endorsement in early 2018.

OAMS will be further advised of these structural changes in 2018 and how this change will support the operations of local AMS'.