

Pika Wiya Health Service Aboriginal Corporation

Annual Report 2024/2025

Acknowledgement to Country

We acknowledge and respect the traditional custodians whose ancestral lands we work and reside upon. We acknowledge the deep spiritual attachment and relationships of the Aboriginal people to this country. We also pay respect to Aboriginal people from other areas of Australia.

- Adnyamathanha nation
- Bungarla nation
- Kokatha nation
- Kuyani nation
- Nukunu nation

PIKA WIYA LOGO DESIGN

(on the front cover)

DESIGNED BY STEVE HARRISON 1993

THE DEFINITION

Depicts the connecting working relationships between Pika Wiya and its programs, South Australian Health Commission (SAHC) and the South Australian Health Council.

SAHC, Aboriginal Health Council, is represented by the larger circles on the outer part of the painting.

Programs are represented by the smaller circles e.g. Aids, Antenatal, Diabetes, etc.

The larger circle represents the use of Substance Abuse, which is a major contributing factor to all other associated health problems.

The inner circle represents the Pika Wiya Board of Directors, and the outer part of that circle represents the Management section of the Pika Wiya Health Service.

Pika Wiya Health Service Aboriginal Corporation clinic sites and operations

During the year our outreach services (listed below) provided vital services from our staff: They include General Practitioners, Aboriginal Health Practitioners, Immunisation Nurse, Mental Health Nurse and Allied Health Professionals.

Port Augusta
40-46 Dartmouth Street
Port Augusta, SA, 5700
(08) 8642 9991

Davenport Community
22 Simmons Street
Port Augusta, SA, 5700
(08) 8642 9978

Copley
1 East Terrace
Copley, SA, 5732
(08) 8675 2866

Nepabunna
Gammon Ranges Road
Nepabunna, SA, 5732
(08) 8642 9951



The Pika Wiya Health Service has an Outreach business case and Strategic Plan that describes how the expansion of services will roll out in the next financial year. These services will extend to the communities of Marree, Roxby Downs, Andamooka, Quorn, Hawker and other outlying communities and homelands.

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- Medical Director Report
- Clinic Manager Report
- Practice Manager
- Immunisations Nurse
- Transport

Programs

- Chronic Disease Care & Allied Health
- Family Health
- Men's Health
- Health Promotion
- Connected Beginnings Report
- Elder Care Support Report
- Enhanced Syphilis Response
- Pharmacists Report

Mental Health Services

- Mental Health Team
- Mental Health Nurse
- Cultural Care Connect SPA
- Social and Emotional Wellbeing & Psychology Service

Philosophy

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

Vision

Pika Wiya will provide health services our way so our people will live better and live longer.

Mission Statement

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



Quality Statement

Pika Wiya Health Service Aboriginal Corporation aims to provide the highest standard of client care to the Aboriginal people living in Port Augusta, Davenport, Quorn, Hawker, Copley, Nepabunna and homelands in the catchment area.

Pika Wiya will adopt a holistic approach to the prevention and early health screening.

Pika Wiya will strive to deliver high quality comprehensive primary health care services that continually meet or exceed our clients' expectations.



Acknowledgements

Pika Wiya Health Service Aboriginal Corporation would not be able to do the great work we do without the funding and on-going support of the funding bodies listed below:

- DOH – Connected Beginnings
- DOH – IAHP – Major Capital Works
- DOH – IAHP – Primary Health Care
- FUNLHN – Primary Care Services and Mental Health Services
- NACCHO – Covid19 Transitional Planning Grant
- NACCHO – Elder Care Support Program
- NACCHO – Enhanced Syphilis Response
- NACCHO – First Nations Health Worker Traineeship Program
- NACCHO – Indigenous Health Services Pharmacy Support
- NACCHO – Voice Referendum – Mental Health and Wellbeing Support Grant
- NACCHO = Culture Care Connect
- NIAA – Social and Emotional Wellbeing
- RDWA – Outreach Services

ACKNOWLEDGEMENT TO JENNIFER WILLIAMS ARTWORK

Pika Wiya Health Service would like to express their heartfelt appreciation for the exceptional artwork created by Jennifer Williams. Her talent and dedication have resulted in a masterpiece that has brought joy and inspiration to our lives. This piece sparks conversations and invites viewers to explore the deeper meanings behind the imagery.



BOARD OF DIRECTORS

Board of Directors Report

Member Directors

The Pika Wiya Health Service Aboriginal Corporation (*PWHSAC*) Board of Directors hereby presents the Annual Report for the 2024 – 2025 financial year.

Member Directors appointment as of 30th June 2024 are as follows:

- Elizabeth Austin Member Director (resigned October 2024)
- John Saulo Specialist Director (resigned October 2024)
- Deborah Merchant Specialist Director (resigned October 2024)

Member Directors continuing their term:

- Rosslyn Coulthard Member Director
- Tracy Reid Member Director
- Lynette Allen Member Director

Member Directors appointed at the Annual General Meeting as of 30th October 2024:

- Margaret Stuart Member Director
- Susan Dodd Member Director
- Maxine Jackson Member Director
- Charmaine Hull Member Director

Members Directors resignation as of June 2025:

- Margaret Stuart Member Director
- Susan Dodd Member Director



Left to Right: Rosslyn Coulthard, Jacinda Amos, Tracy Reid, Lynette Allen, Maxine Jackson
Centre: Helena Marich (Board Secretary)



TRACY REID

Tracy has worked for Pika Wiya Health Service Aboriginal Corporation (PWHSAC) for twenty-six (26) years. She had been appointed to the PWHSAC Board on and off for twenty (20) years. Tracy is a qualified Aboriginal Health Practitioner. She is a well-known community member, respected by the community and is a grassroots person who strongly advocates on behalf of the community. Tracy's vision is to Close the GAP for the Aboriginal community. She believes that training and preventative programs are critical. She advocates and encourages the younger generation to step up and take on strong leadership roles.



LYNETTE ALLEN

Lynette had previously worked as an Aboriginal Health Worker in PWHSAC. Of late, she has also worked for the Department of Child Protection (DPC).
Her vision is to provide good governance and have the best Aboriginal Health Service in the state, and to help our community.



MAXINE JACKSON

Maxine is an Adnyamathanha woman, one of the Traditional Owners of the Flinders Ranges in South Australia. She is a qualified Aboriginal Health Worker and has experience as an Aboriginal Health Worker, employed at PWHSAC for many years. My vision is to strategise and provide a good service for the community.



ROSSLYN COULTHARD

Rosslyn has worked in Aboriginal Health Care for most of her life and has a lot of knowledge and skills when it comes to providing a service to our community as a health professional. Rosslyn's vision is for PWHS to provide a culturally safe health service. Advancing healthier, stronger futures for current and coming generations.



CHARMAINE HULL

Charmaine is a descendant of the Adnyamathanha, Arabana, Arrernte and Yunkantjatjara people. She commenced as a trainee Aboriginal Health Worker at PWHSAC in 1984 and has continued to work within the health environment for over forty (40) years. Her vision is for the Directors to strive toward good governance and to further grow, nurture, and retain a competent Board. This will have a flow-on effect on the delivery of culturally responsive services to the Aboriginal communities of PWHSAC.



Chairperson's Report

This year has been one of progress, renewal, and strengthened governance for the Board of Directors. Through a series of general and special meetings, the Board has overseen significant decisions that have laid the foundation for the organisation's future, including amendments to the Rule Book and the commencement of developing of the 2025–2030 Strategic Plan. At the same time, the Board has supported the Chief Executive Officer and staff in stabilising the workforce, advancing recruitment, and engaging directly with community members through outreach consultations. These efforts have not only reinforced operational stability but have also contributed to a noticeable uplift in staff morale, improved retention across the organisation, and a marked increase in positive community feedback. Collectively, these achievements reflect the Board's commitment to accountability, transparency, and ensuring Pika Wiya Health Service continues to deliver high-quality care in partnership with the community it serves.

General Meeting – 30 April 2024

On 30 April, the Board convened a General Meeting to progress the organisation's strategic planning process for 2025–2030, facilitated by Nick Heyne. In addition to the planning discussions, members considered a special resolution relating to the Board's financial delegations. The resolution proposed an increase in the cap on Directors' spending authority, ensuring the Board could respond more effectively to operational and strategic requirements without unnecessary delays. After discussion, members endorsed the resolution, demonstrating confidence in the Board's stewardship and reinforcing the alignment between governance responsibilities and the organisation's long-term needs. This meeting set both the strategic and financial groundwork for the organisation's forward direction.

Special General Meeting – 24 June 2024

On 24 June, a Special General Meeting was called at the request of members to consider two special resolutions. The first resolution proposed the removal of the entire Board of Directors, while the second resolution sought the removal of half of the sitting Directors. These motions represented a significant challenge to the Board's continuity and governance stability. Following their presentation to the members, neither resolution was moved from the floor, and as such, both failed to proceed. The outcome reinforced support for the existing Board and demonstrated the strength of the organisation's governance processes, ensuring that such matters could be raised and tested through proper democratic mechanisms. Importantly, the meeting reaffirmed the membership's confidence in the current leadership and allowed the Board to continue its focus on strengthening governance and delivering strategic priorities.

Key Actions of the Board

Beyond governance meetings, the Board has taken a proactive role in strengthening the organisation's operations and culture. A key focus has been the successful recruitment of a new Chief Executive Officer, providing leadership stability and vision for the future. In addition, the Board supported the CEO in conducting a major recruitment drive, resulting in 15 positions being filled and significantly reducing workforce vacancies. Community engagement has remained a priority, with outreach consultations held in Copley and Nepabunna to ensure that services and priorities are informed by the voices of the communities. The Board has also provided oversight for preparations relating to the 50th Anniversary celebrations, recognising the importance of this milestone in the organisation's history. During the year, the organisational structure was reviewed to improve accountability and streamline reporting lines, while the reinstatement of the "Employee of the Month" award has enhanced staff recognition and workplace culture. The reopening of services at Davenport, which has continued to operate successfully, also stands as a significant outcome under the Board's oversight.

Future Priorities

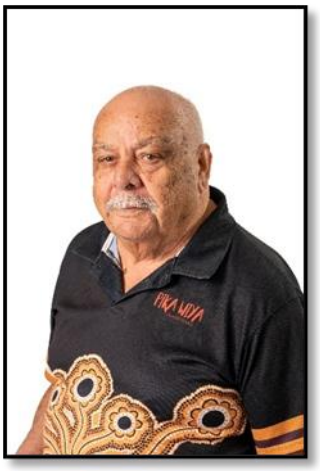
Looking ahead, the Board remains focused on strengthening governance, community consultation, and strategic direction. Planned outreach visits to Marree and Roxby Downs will continue the strong practice of engaging directly with members and communities. Governance processes will be further reinforced through the reintroduction of proof of Aboriginality forms, ensuring compliance with the Rule Book and maintaining clear standards. The finalisation and adoption of the 2025–2030 Strategic Plan will be a central milestone, setting out the organisation's goals and vision for the next five years. At the same time, the Board will continue efforts to fill the vacant Member Director and Independent Director positions, ensuring that the Board maintains a broad, skilled, and representative governance base to lead the organisation into the future.

Closing Reflections

The Board acknowledges the dedication of staff, the commitment of members, and the trust placed in the organisation by the community. The improvements in staff morale, retention, and community feedback are a testament to the collective efforts of the entire organisation working in partnership with the Board. As the organisation approaches its 50th Anniversary, the Board remains committed to ensuring that governance remains strong, services remain community-focused, and Pika Wiya Health Service continues to build on its legacy as a trusted and valued provider of health care for Aboriginal people in the region.

Tracy Reid - Chairperson

EXECUTIVE



Chief Executive Officer Report

I commenced as Acting Chief Executive Officer in March and in June, I had been successful in securing the position of CEO. It is evident that there are still a lot of issues that need to be sorted out quite quickly for the organisation to move forward.

This is both internal and external. To rectify both sides of these issues we have been seeking professional guidance from external agencies and programs to try to show and implement strategies that support staff from different cultures to work and interact with each other better and to always put the community we serve at the forefront of the services we deliver.

We have had an evaluator doing work for Pika Wiya over the past month to have all our properties valued as was requested at the last Annual General Meeting. This was also a requirement by the current auditor for this year's annual report. All properties in Port Augusta have been done; Copley and Nepabunna are still being planned for the coming weeks.

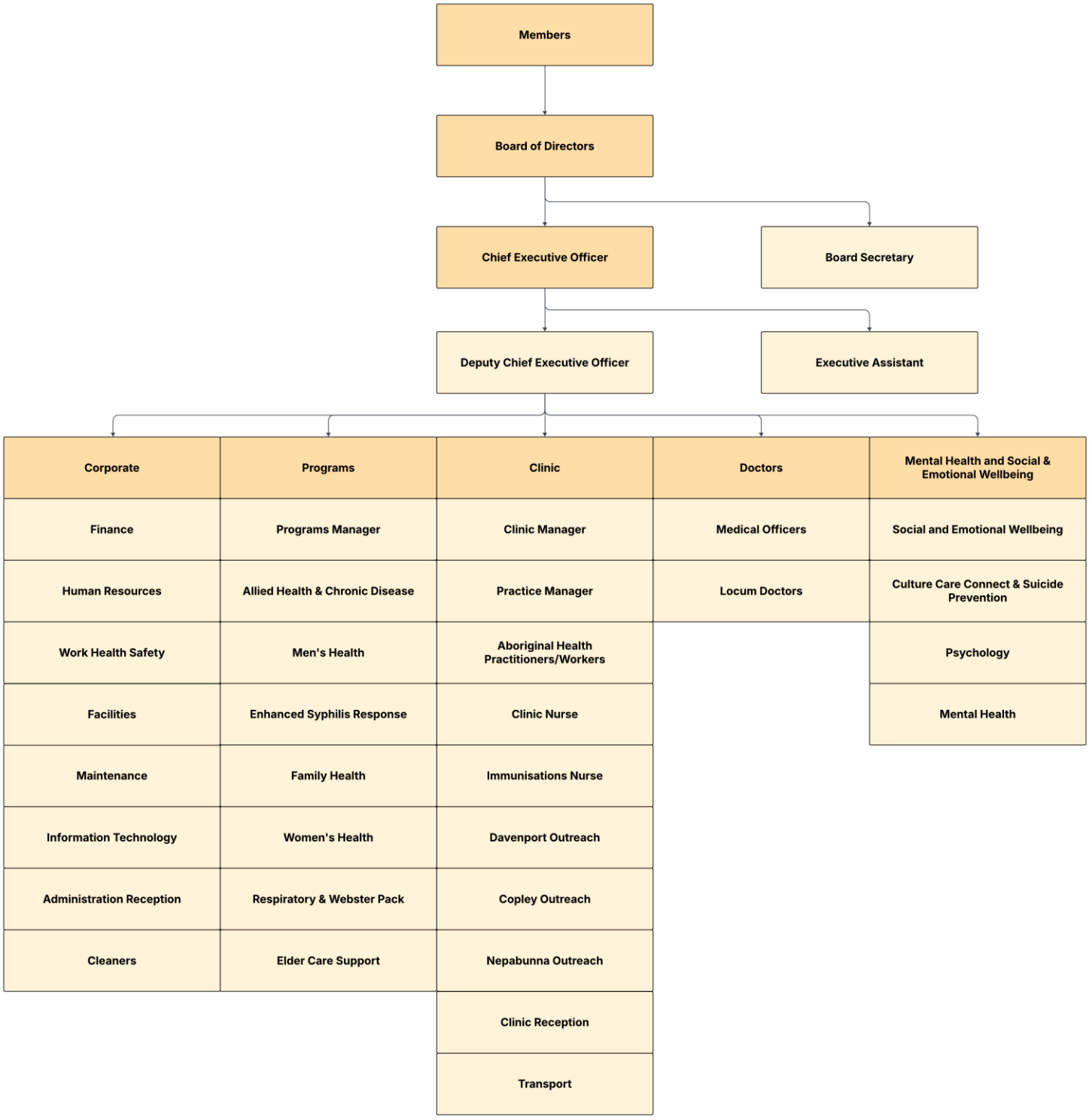
We regularly engage with agency nurses to fill positions such as immunisation nurses and mental health nurses. On our last outreach trip, we took one of the mental health nurses, and the immunisation nurse. The nurses enjoyed the trip but most importantly they were able to achieve the quota that they set themselves regarding the number of clients that they interacted with.

We have been offered a trachoma/environmental health position by Eyre and Far North region, which will be for three years. This will complement the position that is currently located at the Port Augusta hospital. We have yet to sign an agreement for funding which will not be too far away.

Although things have been hectic and a bit rocky over the past few months, I am looking forward to progressing the organisation onto bigger and better achievements, in regard to quality health outcomes for our community's partnership expansions, staff job satisfaction and transparent management practices.

Cephas Stanley - Chief Executive Officer

Organisational Chart



CORPORATE SERVICES

Financial Report

Balance Sheet

Pika Wiya Health Service Aboriginal Corporation
As at 30 June 2025

Assets	
Bank	
Cash Reserve	5,809,519.35
Petty Cash	384.50
Pika Wiya Health Service AC	405,529.14
Term Deposit	1,031,823.01
Total Bank	**7,247,256.00**
Current Assets	
Accounts Receivable	47,061.81
Bond - CabCharge	200.00
Housing Bonds	8,020.00
Stock on Hand - Drug Supplies	4,600.05
Total Current Assets	**59,881.86**
Fixed Assets	
Buildings & Improvem'ts - Cost/Val	4,046,007.84
Buildings & Improvem'ts (1-7111) - Acc Dep'n	(1,506,198.25)
Computing Equipment	683,313.63
Computing Equipment - Acc Dep'n	(619,692.68)
Furniture & Fittings	67,542.39
Furniture & Fittings - Acc Dep'n	(25,504.56)
Medical Surg. & Dental Equip.	173,111.77
Medical, Surg, Dental - Acc Dep'n	(139,664.71)
Motor Vehicle - Right of use Asset	109,167.24
Motor Vehicle Right of use - Acc Depreciation	(33,041.05)
Motor Vehicles	119,960.53
Motor Vehicles - Acc Dep'n	(109,477.15)
Office Equipment & Audio Visual - (1-7130)	92,504.27
Office Equipment & Audio Visual - Acc Dep'n	(52,829.96)
Radios	10,000.00
Radios - Acc Dep'n	(10,000.00)
Site Improvements - Cost/Valuation	20,000.00

Site Land	570,000.00
Total Fixed Assets	**3,395,199.31**
Total Assets	**10,702,337.17**
Liabilities	
Current Liabilities	
Accounts Payable	78,445.13
Accrued Expenses	34,691.70
Accrued Wages	135,497.45
Contract Liability	2,217,358.57
GST	195,050.65
Lease liability	72,519.11
LSL Provision - Current	148,857.00
PAYG Withholding Payable	176.43
Salary sacrifice clearing	120.21
Super Payable	40,269.89
Suspense	(10.00)
Total Current Liabilities	**3,050,926.67**
Non-current Liabilities	
Lease liability non-current	9,208.68
LSL Provision - Non-Current	36,011.00
Total Non-current Liabilities	**45,219.68**
Total Liabilities	**3,096,146.35**
Net Assets	**7,606,190.82**
Equity	
Asset Revaluation Reserve	(2,302,359.35)
Current Year Earnings	1,291,955.17
Retained Earnings	8,616,595.00
Total Equity	**7,606,190.82**

Unspent Budget — Pika Wiya Health Service Aboriginal Corporation

MONTH: JUN 2025

	Jun 2025	Full Year 1 July 2024 to 30 June 2025		
PWHS Consolidated 2025	**YTD Actuals**	**Full Year Budget**	**Unspent /Unearned Budget**	**Spent (%)**
400 · Income				
01 · Prior Year Surplus/Deficit	**5,470,031.51**	**2,132,970.42**	**(3,337,061.09)**	**256%**
4-0005 · Prior Year Surplus/Deficit	5,470,031.51	2,132,970.42	(3,337,061.09)	256%
02 · Grant Income	**9,190,014.49**	**8,870,674.50**	**(319,339.99)**	**104%**
4-0019 · NIAA - SEWB	128,740.01	128,740.01	0.00	100%
4-0020 · Department of Health - DOH	5,786,709.98	5,786,709.99	.01	100%
4-0027 · Grant	29,554.80	0.00	(29,554.80)	N/A
4-0039 · NACCHO	899,368.89	609,583.69	(289,785.20)	148%
4-0080 · SA HEALTH - FUNLHN	2,303,640.81	2,303,640.81	0.00	100%
4-0481 · Grant - RDWA	42,000.00	42,000.00	0.00	100%
03 · Other Income	**1,481,143.27**	**840,000.00**	**(641,143.27)**	**176%**
4-0033 · Sundry Income – Hire of Office Sp...	5,454.54	0.00	(5,454.54)	N/A
4-0140 · Medicare Income	1,247,767.49	800,000.00	(447,767.49)	156%
4-0160 · Non Medicare Income	840.54	0.00	(840.54)	N/A
4-0300 · Sundry Income	10,110.00	0.00	(10,110.00)	N/A
4-0400 · Other Revenue	16.35	0.00	(16.35)	N/A
4-0420 · Training Revenue	6,760.00	0.00	(6,760.00)	N/A
4-0440 · Clinic Income	426.60	0.00	(426.60)	N/A
4-0500 · Interest	96,370.92	40,000.00	(56,370.92)	241%
4-0560 · PATS Recovery	5,572.85	0.00	(5,572.85)	N/A
4-4000 · Leave Provision Income	107,823.98	0.00	(107,823.98)	N/A
4-3005 · Administration Income	2,189,363.12	2,266,082.25	76,719.13	97%
Total Income	18,330,552.39	**14,109,727.17**	**(4,220,825.22)**	**130%**
Total Gross Income	18,330,552.39	**14,109,727.17**	**(4,220,825.22)**	**130%**
600 · Expense				
01 · Capital Expenditure	**0.00**	**517,800.00**	**517,800.00**	**0%**
6-1010 · Upgrade Primary Health Care Faci...	0.00	517,800.00	517,800.00	0%
02 · Salary and Wages	**5,131,432.71**	**6,999,601.86**	**1,868,169.15**	**73%**
6-2002 · Corporate Services	1,238,179.68	1,192,013.54	(46,166.14)	104%
6-2007 · Wages - Board Member Sitting Fees	56,597.57	0.00	(56,597.57)	N/A

6-2035 · Nurse - EN/RN/Mid/MH/CommH	372,027.02	385,958.42	13,931.40	96%
6-2036 · Mental Health - RN3/Team Leader	80,566.38	129,498.55	48,932.17	62%
6-2040 · Medical Officer	414,525.09	1,058,412.18	643,887.09	39%
6-2050 · Cleaner	927.27	0.00	(927.27)	N/A
6-2060 · Drivers - Transport Officer	312,702.17	371,832.90	59,130.73	84%
6-2093 · Mental Health - RN2/Social Worker	149,688.03	343,744.29	194,056.26	44%
6-2115 · Maintenance/Gardener/Cleaner	196,928.94	253,522.43	56,593.49	78%
6-2195 · Program/Clinic Managers and Coo...	393,070.60	571,218.59	178,147.99	69%
6-2200 · Aboriginal Health Worker/Practitioner...	964,940.33	1,418,468.40	453,528.07	68%
6-2221 · Mental Health - AHW/P	23,177.35	41,851.32	18,673.97	55%
6-2230 · Receptionist CHC	250,845.10	296,979.10	46,134.00	84%
6-2310 · Leave Loading	13,977.32	76,776.65	62,799.33	18%
6-2320 · Superannuation	515,368.91	702,410.60	187,041.69	73%
6-2325 · Workcover	147,910.95	156,914.89	9,003.94	94%
03 · Service Fees	**4,688,938.33**	**3,737,623.86**	**(951,314.47)**	**125%**
6-3005 · Administration Expenses	2,189,363.12	2,284,005.95	94,642.83	96%
6-3010 · Contract - Accounting Services	176,690.91	130,000.00	(46,690.91)	136%
6-3015 · Insurance	18,543.00	20,000.00	1,457.00	93%
6-3053 · Contract - Teramind Computing	0.00	3,500.00	3,500.00	0%
6-3054 · Contract - Xero Software	722.73	1,000.00	277.27	72%
6-3056 · Contract - Employment Hero Soft...	17,150.00	15,000.00	(2,150.00)	114%
6-3057 · Contract - Commuserv Computing	113,041.60	100,000.00	(13,041.60)	113%
6-3058 · Contract - Telstra Health License	33,041.04	34,000.00	958.96	97%
6-3059 · Contract - Ezihub Computing	4,650.40	0.00	(4,650.40)	N/A
6-3060 · Legal Expenses	24,963.82	20,000.00	(4,963.82)	125%
6-3061 · Commuserv Adhoc	90,489.28	0.00	(90,489.28)	N/A
6-3075 · Postage	2,120.25	1,000.00	(1,120.25)	212%
6-3090 · Information & Public Relations	548.58	3,000.00	2,451.42	18%
6-3100 · Contract - Employsure Services	13,531.32	51,800.00	38,268.68	26%
6-3105 · Finance & Admin Charges	120.00	0.00	(120.00)	N/A
6-3115 · Contract - Audit Services	22,250.00	20,000.00	(2,250.00)	111%
6-4045 · Freight & Handling	882.20	0.00	(882.20)	N/A
6-4060 · Contract - Security Services	15,604.97	15,000.00	(604.97)	104%
6-7007 · Contract - Pharmacy Services	166,816.07	176,817.91	10,001.84	94%
6-8016 · Contract - Podiatry Services	0.00	30,000.00	30,000.00	0%
6-8017 · Contract - Dietician Services	0.00	35,000.00	35,000.00	0%
6-8018 · Contract - Diabetes Services	74,533.05	64,000.00	(10,533.05)	116%
6-8020 · Contract - Psychologist Services	107,183.07	150,000.00	42,816.93	71%

6-8050 · Contract - Locum Doctor/Nurse Se...	1,525,813.69	548,500.00	(977,313.69)	278%
6-8070 · Consultancy Expenses	10,506.00	25,000.00	14,494.00	42%
6-8080 · Contract - Cleaning Services	43,315.87	10,000.00	(33,315.87)	433%
6-8081 · Contract - Admin - Clinical Recept...	37,057.36	0.00	(37,057.36)	N/A
04 · Motor Vehicles	**220,459.17**	**285,752.00**	**65,292.83**	**77%**
6-5010 · Motor Vehicle - Fuel	32,600.24	47,000.00	14,399.76	69%
6-5015 · Motor Vehicles (Non-SG Fleet) R...	3,466.29	3,500.00	33.71	99%
6-5020 · Motor Vehicles (SG Fleet) R&M	3,000.27	1,500.00	(1,500.27)	200%
6-5025 · Motor Vehicle - Car Washing	2,979.33	3,000.00	20.67	99%
6-5030 · Motor Vehicle - Hire Cost - Long	171,901.81	208,752.00	36,850.19	82%
6-5032 · Motor Vehicle - Lease Interest	0.00	2,000.00	2,000.00	0%
6-5040 · Motor Vehicle - Registration & Ins...	6,511.23	20,000.00	13,488.77	33%
05 · Staff Expenses	**257,715.08**	**386,470.64**	**128,755.56**	**67%**
6-2350 · Staff - In House Benefits	116,830.65	127,100.00	10,269.35	92%
6-3002 · FBT Expense	6,591.28	15,000.00	8,408.72	44%
6-3026 · Staff - Travel Allowance	26,979.40	57,914.22	30,934.82	47%
6-3110 · Staff - Police Clearances	10,348.34	10,000.00	(348.34)	103%
6-3505 · Uniforms	1,887.00	0.00	(1,887.00)	N/A
6-3520 · Staff - Training & Development	30,089.11	97,331.98	67,242.87	31%
6-3540 · Staff - Travel & Accommodation	40,251.07	56,924.44	16,673.37	71%
6-8005 · Food Supplies	17,449.12	14,400.00	(3,049.12)	121%
6-8010 · Occupancy Rent & Rates	7,289.11	7,800.00	510.89	93%
06 · Building Costs/Infrastructure	**182,630.21**	**325,000.00**	**142,369.79**	**56%**
6-4040 · Fire Equipment Service	16,900.05	15,000.00	(1,900.05)	113%
6-6005 · Minor Equipment	99,076.11	165,000.00	65,923.89	60%
6-6006 · Minor Furniture's & Fittings	6,904.39	0.00	(6,904.39)	N/A
6-6010 · R&M Plant Equipment and Furniture...	13,824.50	45,000.00	31,175.50	31%
6-6020 · R&M Land & Buildings	43,889.02	100,000.00	56,110.98	44%
6-6030 · R&M Pest Control	2,036.14	0.00	(2,036.14)	N/A
07 · Program Expenses	**169,788.18**	**323,896.20**	**154,108.02**	**52%**
6-3091 · Community Involvement/ Support	0.00	83,885.83	83,885.83	0%
6-4005 · Waste Removal	18,767.95	15,000.00	(3,767.95)	125%
6-5060 · Transport Ambulance - Charter	407.00	0.00	(407.00)	N/A
6-5065 · Transport	22,711.71	15,000.00	(7,711.71)	151%
6-7005 · Drug Supplies & Services	19,449.93	30,000.00	10,550.07	65%
6-7010 · Medical Surgical & Laboratory su...	70,821.02	93,177.05	22,356.03	76%

6-7020 · Linen	2,702.91	0.00	(2,702.91)	N/A
6-7030 · Kitchen & Tableware	1,884.72	0.00	(1,884.72)	N/A
6-8015 · Travel and accommodation - PATS	5,736.28	15,000.00	9,263.72	38%
6-8030 · Health Promotions	14,227.53	51,634.32	37,406.79	28%
6-8031 · NAIDOC expenses	6,895.13	0.00	(6,895.13)	N/A
6-8040 · Client Expenditure	6,184.00	20,199.00	14,015.00	31%
08 · Other Expenses	**856,692.31**	**1,533,582.61**	**676,890.30**	**56%**
6-2214 · Rental of Equipment	210.00	0.00	(210.00)	N/A
6-3020 · Advertising	3,770.00	6,000.00	2,230.00	63%
6-3025 · Telephone, Internet & Fax	57,151.93	52,000.00	(5,151.93)	110%
6-3065 · Periodicals Journals & Publications	330.09	330.09	0.00	100%
6-3068 · Membership/Subscription Fees	21,682.44	8,957.52	(12,724.92)	242%
6-3070 · Printing, Stationery & Postage	36,798.58	36,020.00	(778.58)	102%
6-3095 · Board Expenses	25,276.19	12,000.00	(13,276.19)	211%
6-4010 · Cleaning	21,571.18	15,000.00	(6,571.18)	144%
6-4015 · Electricity	63,336.29	60,000.00	(3,336.29)	106%
6-4020 · Gas	54.00	0.00	(54.00)	N/A
6-4023 · Interest Charged	267.70	0.00	(267.70)	N/A
6-4030 · Water/Sewerage Rate	9,185.08	9,000.00	(185.08)	102%
6-4035 · Other Rates/Charges	50,680.44	50,000.00	(680.44)	101%
6-4046 · ITC Data Management System	66,413.00	150,000.00	83,587.00	44%
6-4050 · Hire of Facilities	5,913.60	6,000.00	86.40	99%
6-4075 · Work Health & Safety	14,736.05	6,000.00	(8,736.05)	246%
6-4080 · Grant Funding Surplus	126,120.39	537,275.00	411,154.61	23%
6-7006 · Closing Stock - Drug Supplies	(308.12)	0.00	308.12	N/A
6-8071 · Consultancy Board Approved	245,748.50	0.00	(245,748.50)	N/A
6-8100 · Leave Provision Expense	107,823.98	0.00	(107,823.98)	N/A
6-9000 · Future Provisions - Savings	0.00	585,000.00	585,000.00	0%
9-0008 · Suspense Expense	(69.01)	0.00	69.01	N/A
Total Expense	**11,507,655.99**	**14,109,727.17**	**2,602,071.18**	**82%**
Net Surplus (Deficit)	**6,822,896.40**	**0.00**	**(6,822,896.40)**	**N/A**

Member Directors continuing their term		
NAME	**TERM**	**REMUNERATION**
Rosslyn Coulthard	2024-25	$2,852.64

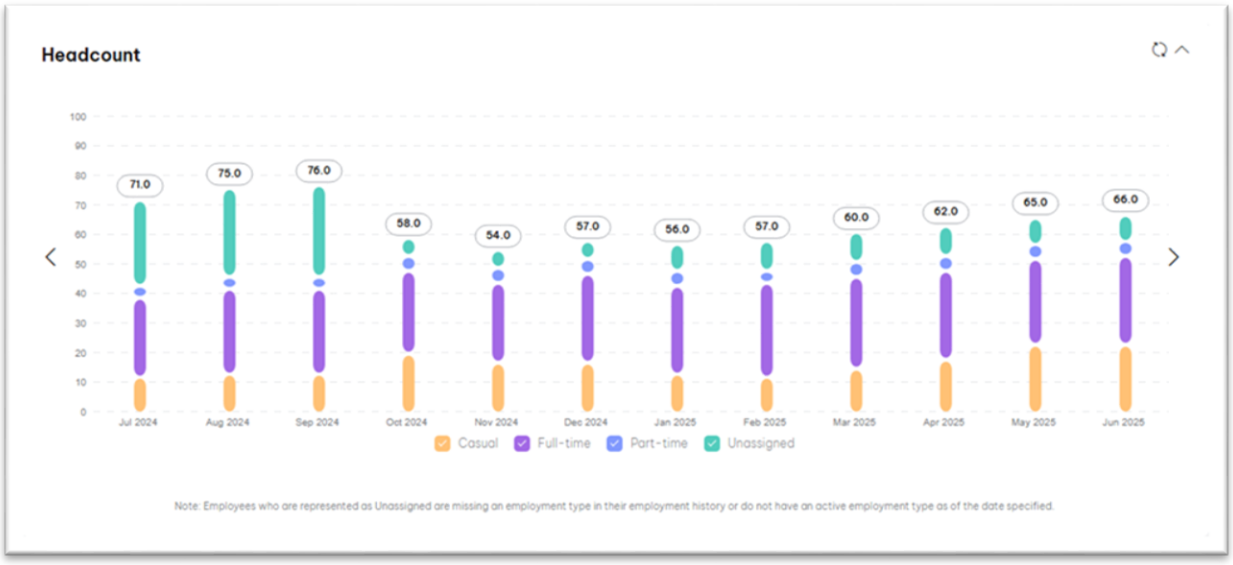
Tracy Reid	2024-25	$12,334.46
Lynette Allen	2024-25	$2,415.38
Member Directors appointed at the Annual General Meeting as of 30th October 2024		
NAME	**TERM**	**REMUNERATION**
Margaret Stuart	2024-25	$1,311.76
Susan Dodd	2024-25	$1,042.68
Maxine Jackson	2024-25	$3,592.61
Charmaine Hull	2024-25	$28,928.96

Human Resources Managers Report

PWHSAC has seen a year of many changes with staff, whilst still continuing to provide ongoing and new diverse services to our community.

The Human Resources (HR) team has changed considerably, from having a manager at site level and to outsourcing to iHR (an external Human Resources provider) for complex matters. We have prioritised recruitment activity, to ensure we can meet the needs of our programs and that the right people are in the right job. This has created fantastic employment opportunities within PWHSAC for previous employees and employees new to the organisation.

This graph shows the PWHSAC workforce dropping considerably by almost 20 staff from September to October 2024 and slowly increasing to a total of 66 employees in June 2025.

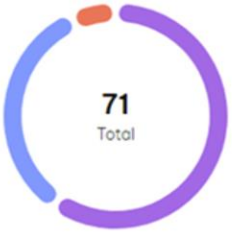


Tenure



0-2 Years 2-4 Years 4-6 Years 6-8 Years More
8-10 Years 10+ Years Unspecified

Gender Diversity



Female Male More

Employment Type



Full-time Part-time More
Casual Unassigned

Age Diversity



No response aged 50+ More
aged 41 - 50 aged 31 - 40 aged 21 - 30

Contract Type



Fixed term Permanent More

iHR Australia was engaged by Pika Wiya Health Service Aboriginal Corporation (PWHSAC) in January 2024. For over 25 years, iHR Australia has partnered with organisations to resolve conflict, strengthen workplace cultures, build compliance, and manage people risks. iHR Australia's core service areas include consulting, investigations, mediations, training, and compliance.

Since the engagement with PWHSAC commenced, iHR Australia have:

- Managed the onboarding and offboarding process for several employees
- Provided independent outsourced HR advisory services
- Reviewed and updated PWHSAC's employment contracts
- Provided specialist advice on complex workplace relations matters
- Drafted Job and Person Specifications (J&Ps) for new and existing roles
- Coordinated the restructuring of PWHSAC's executive team
- Drafted employment policies and procedures
- Proactive work around assessment of psychosocial hazards
- Case Management
- Work to improve compliance with regulations and workplace laws

Maddie Ziegler – Workplace Relations Advisor





IT Coordinators Report

This year has been one of both progress and important change for Pika Wiya Health Service. The ICT team has focused not only on strengthening and modernizing our systems, but also on addressing risks that affected the stability and reliability of our operations. These improvements ensure staff have secure, dependable tools to continue delivering high-quality care to our community.

Server Infrastructure Upgrades

Our core server infrastructure was upgraded to modern hardware. The previous system was more than five years old and had reached the end of its supported lifecycle. Continuing to operate on that platform posed increasing risks of hardware failure and security issues. The new servers now provide greater speed, stability, and security, ensuring staff can access the systems they need with minimal disruption.

Practice Management Software Transition

One of the most significant changes this year was the transition from Communicare to Best Practice Premier. Over the past two years, Communicare's reliability and support have declined. This came to a head when a site-wide outage left the organization without access to the system for three days. No advance warning was given; no explanation was provided afterwards, and for the first 24 hours no support was available.

This created unacceptable risks for patient care and clinical operations. Moving to Best Practice Premier is therefore essential. Best Practice is widely used across the health sector, offers better integration with external providers, and is backed by reliable support. The transition has already improved stability, provided stronger integration options, and positioned the organization on a platform that can grow with our needs.

Enhanced Security Measures

Protecting sensitive health information remains a top priority. This year, Mobile Device Management (MDM) was introduced across all organizational laptops. This ensures devices are kept secure and up to date, and that data can be protected if a device is lost or stolen.

As part of this work, a Cybersecurity Uplift project was completed with Commuserv to align board laptops with organizational security standards. This included enhancements to MDM and endpoint protection, ensuring that even devices used at the highest level of governance are managed to the same standard as the rest of the organization.

We also transitioned from MailGuard to Microsoft Defender for email quarantine and threat detection. This provides stronger, integrated protection against malicious emails and phishing attempts, while making it easier for staff to manage quarantined messages. Updated instructions were provided to ensure the change was simple to adopt.

MDM also allows for consistent settings and software across all laptops, providing staff with familiar experience wherever they are working. IT staff can now provide remote support, push updates, or lock a device instantly if required, reducing downtime and risk.

Looking Ahead

In the year ahead, we will continue to build on these improvements. A key focus will be completing the rebuilding of our Remote Desktop Server environment, giving staff fast and reliable access to core systems as demand grows.

We will also begin preparing for Microsoft's plan to end support for Remote Desktop Servers in 2029. To stay ahead, we will gradually transition to feature-rich thin clients over the next 12 months. These devices will ensure a smooth shift to new technology while also providing additional benefits, such as improved Telehealth capability for doctors, health practitioners, and specialists.

Another priority will be moving our file shares into SharePoint. This change will improve collaboration, allow secure access to files from multiple locations, and reduce the risks associated with older shared drive systems. SharePoint also provides stronger controls, better version management, and enhanced compliance with information management requirements.

Finally, we will extend Mobile Device Management (MDM) to all organizational phones and tablets. This will bring the same level of security, consistency, and remote support already applied to laptops, ensuring every staff device is protected and reliable.

Staff:
Scott Graham – IT Coordinator
Mohammad Hossain – IT Data & CQI Analyst





Work Health Safety Officers Report

In the past few months, in response to the ongoing daily concerns raised by PWHS employees related to WHS, promptly actioned them and made the necessary solutions. We have developed and executed comprehensive risk assessments for any such scenarios that have come across over the past few months, such as elimination of trees overhanging on top of solar panels that could potentially poses a threat to PWHS employees, clients and visitors.

To ensure that the onboarding of the employees in PWHS is done in such a way that they are well informed about PWHS policies and procedures during the Work health and safety induction. This procedure provides information and covers over 30 policies and procedures, ensuring that all new employees are aware of our policies and procedures.

Last few months, reviewed the incidents that were previously submitted. In addressing these reports, implemented corrective actions to resolve straightforward issues and am currently engaged in tackling more complex challenges such as Psychosocial Hazards that is being addressed by implementing Psychosocial Risk Management Plan which would help to mitigate risk in the future and would be highly beneficial for PWHS employees.

Also, to regulate incidents occurring in the clinic reception area and to mitigate risk in future, the old chairs in the reception and clinic area will be replaced with ergonomic chairs with heavy metal base and will be beneficial for the employees. To eliminate incidents occurring in the clinic reception area, and coordination with CAL Corporate Solutions to ensure that PWHSAC frontline staff are well-equipped with the necessary knowledge and skills to handle and de-escalate challenging situations. This will include several training sessions for the frontline staff and a series of assessments to confirm their competency.

To enhance the safety of the PWHS employees at clinic sites, more CCTV cameras are put in areas recommended by the surveillance devices Act 2016(SA) that would ensure to cover the entire area in mitigating risks in future. The safety of our employees and clients is paramount.

Sayandeep Guha - Work Health Safety Officer



Grants Management and Funding Management Report

Pika Wiya Health Services Aboriginal Corporation monitors grant opportunities regularly. Grant opportunities are many and varied, but we use due diligence to ensure what we apply for will provide the best outcomes for our service and most importantly, our clients.

In this financial year we were successful with the following grants:

- Vaccine uptake support program – short term grant funding until July 2026. The purpose of this grant is to support catch up immunisations for over 50's focusing on Pneumococcal, shingles and Influenza and under 5-year-olds – aiming for 100% coverage. We will train staff on the National Immunisation Program.
- Major Capital Works – successful in a highly competitive second round of funding. Monies to be used on building 1 (main building on Dartmouth Street) to replace carpet with new lino planks, replace air conditioning in main clinic end and complete works to ensure preparation for big storms, thus not incurring water ingress in the future.
- Women's Cancer Screening- short term grant to provide support to women to understand the importance of screening and how to access.
- Men's Bowel Screening - short term grant to provide support to men to understand the importance of screening and how to access.

Ongoing contacts include:

- Flinders and Upper North Local Health Network
    - To support our delivery of Primary Care Services and Mental Health Services.
- Department of Health
    - Delivery of Primary Health Care services and access to such
    - Connected Beginnings program
    - Social and Emotional Wellbeing Program
- RDWA – support for visiting specialist
- NACCHO – support for:
    - Enhanced Syphilis Response Program
    - Indigenous Health Pharmacy Program
    - Culture Connect Program
    - Elder Care Support Program

    - Mental Health and Wellbeing support
    - COVID-19 Transitional Planning
    - First Nations Health Worker Traineeship Program
- University of Adelaide
    - Student Placement Agreement

All current grants provide us with crucial funding to support appropriate health service delivery to our community.

Andrea Evans - Grant Management and Policy Officer

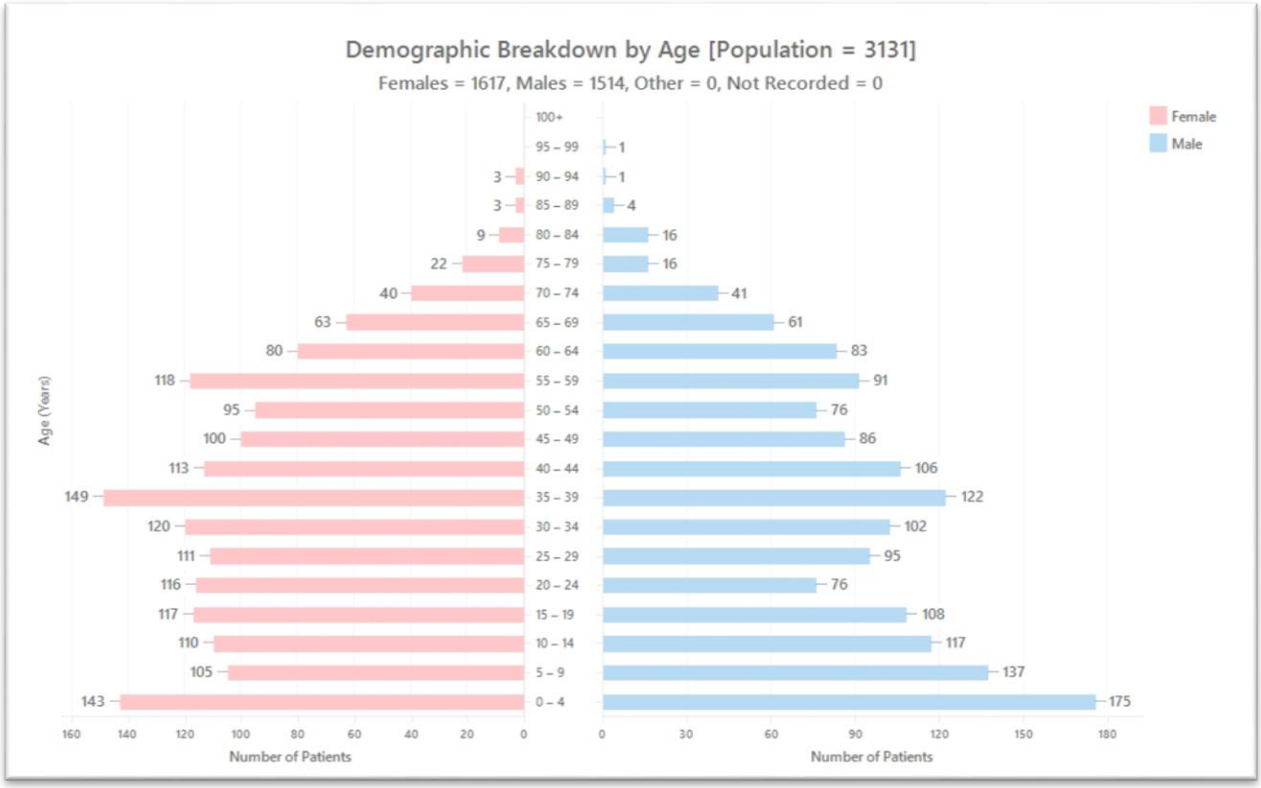


CLINICAL SERVICES



Medical Directors Report

Pika Wiya Health Service Aboriginal Corporation is a community-controlled organisation with 3131 active clients. Our records provide us with a demographic breakdown by age and gender. PWHSAC have 1617 female active clients and 1514 active clients on our records.



We are a Royal Australian College of General Practitioner (RACGP) accredited teaching General Practice (GP) that also trains General Practitioner (GP) registrars in the specialist training. Currently, the Medical Director is also the RACGP Accredited GP Supervisor for Pika Wiya Health.

Our clinical team consists of:

- two (2) full time Permanent GPs:
    - Dr Chris Clohesy – highly qualified (dual RACGP and ACRRM) who currently leads our mental health team and clozapine clinic that runs every 28 days.
    - Dr Renuka Makalandawa -Medical Director / RACGP Supervisor with experience in health management, Chronic Disease Management, Women's and Child Health.
- One full-time GP registrar
    - Dr Yaritji Green, who is a Yankunytjatjara and Jaru woman who relocated from the Kimberley to complete her GP training at Pika Wiya Health Service Aboriginal Corporation.

We also have the services of a few locum GPs who attend Pika Wiya Health Service on a regular basis.

The most regular locum GP is Dr Dennis Chew who works with us five (5) weeks at a time with a 5-week break who contributes to our team by running the Davenport 'walk-in' clinic and outreach clinics when Dr Michael Nugent is on leave.

The Town Clinic sees around fifty (50) to seventy-five (75) clients every day – Monday to Friday and is managed by Acting Clinic Manager Kristen Solar with a locum registered nurse and alongside are Aboriginal Health Practitioners who are very hands-on.

Apart from face-to-face consultations, GPs provide telehealth consultations and home visits to critically ill clients and provide end-of-life care.

Currently, the Medical Director also provides weekly clinical service to Wami Kata Old Folks home every Tuesday morning.

Our Town Clinic and Davenport Clinic have dedicated Aboriginal Health Practitioners providing clinical care to our clients alongside the Allied Health Professionals who contribute to a multitude of programs.

We have been providing clinical services under the programs mentioned below:

- Diabetes and Endocrinology Service
- Immunisation (adult and children) Program
- Connected Beginnings Program
- Mental Health and Social and Emotional Wellbeing
- Women's and
- Men's Health Program.

In the near future, the medical software will be updated to “Best Practice” to improve the continuity and quality of clinical services rendered to our clients. The management team of Pika Wiya Health Service has been supportive to the clinical staff in implementing new changes who are transformational leaders. We are proudly striving for clinical excellence and working towards winning the trust of our community to improve all aspects of their health and wellbeing.

Dr Renuka Makalandawa
Medical Director
MD, MHM(UNSW), FRACGP.





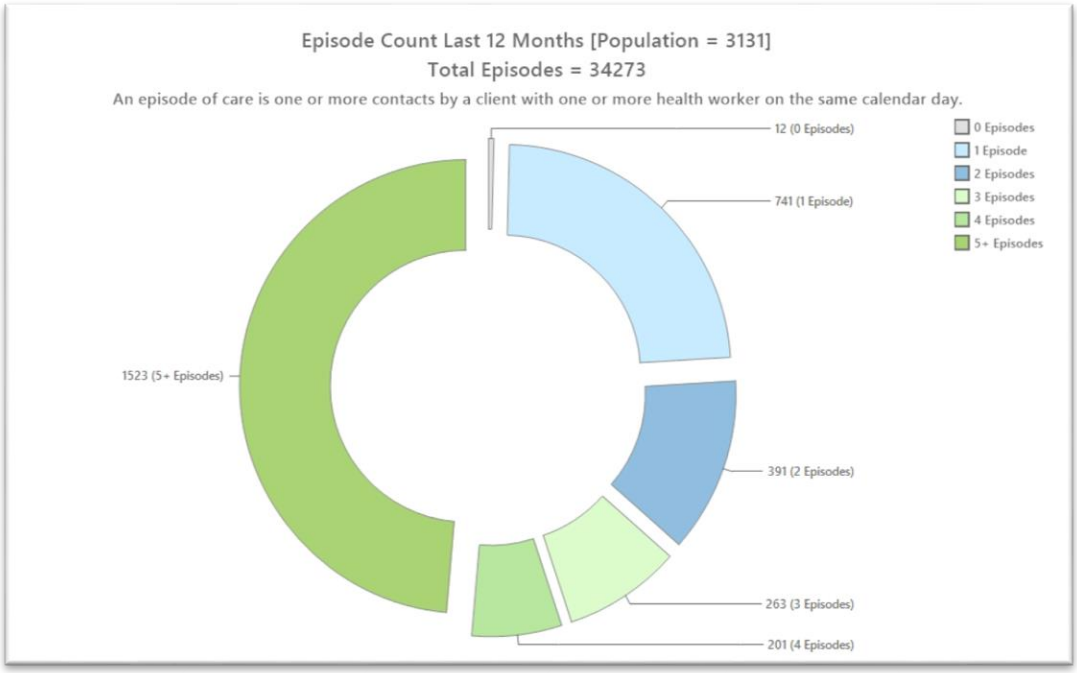


Clinic Managers Report

I am pleased to present the Clinical Manager's Annual Report for Pika Wiya Health Service Aboriginal Corporation for the period July 2024 to June 2025.

This year we achieved important milestones, including the introduction of the Test, Treat ANd GO (TTANGO) point-of-care testing machine, expanded outreach services to remote communities, and improved access to care at our Davenport clinic. These initiatives have strengthened early detection, enhanced accessibility, and ensured timely care for our clients.

Despite challenges such as workforce shortages and increasing demand, our team has remained committed to delivering culturally safe, community-focused healthcare. I thank our staff, Elders, and community for their continued trust and support, which guide our work every day.



Clinical Services Overview

During the 2024–2025 reporting period, Pika Wiya Health Service continued to deliver a broad range of clinical services designed to meet the diverse needs of our community. Our services are delivered with a focus on cultural safety, accessibility, and holistic care, ensuring that Aboriginal and Torres Strait Islander people receive high-quality support close to home.

Core clinical services provided this year included:

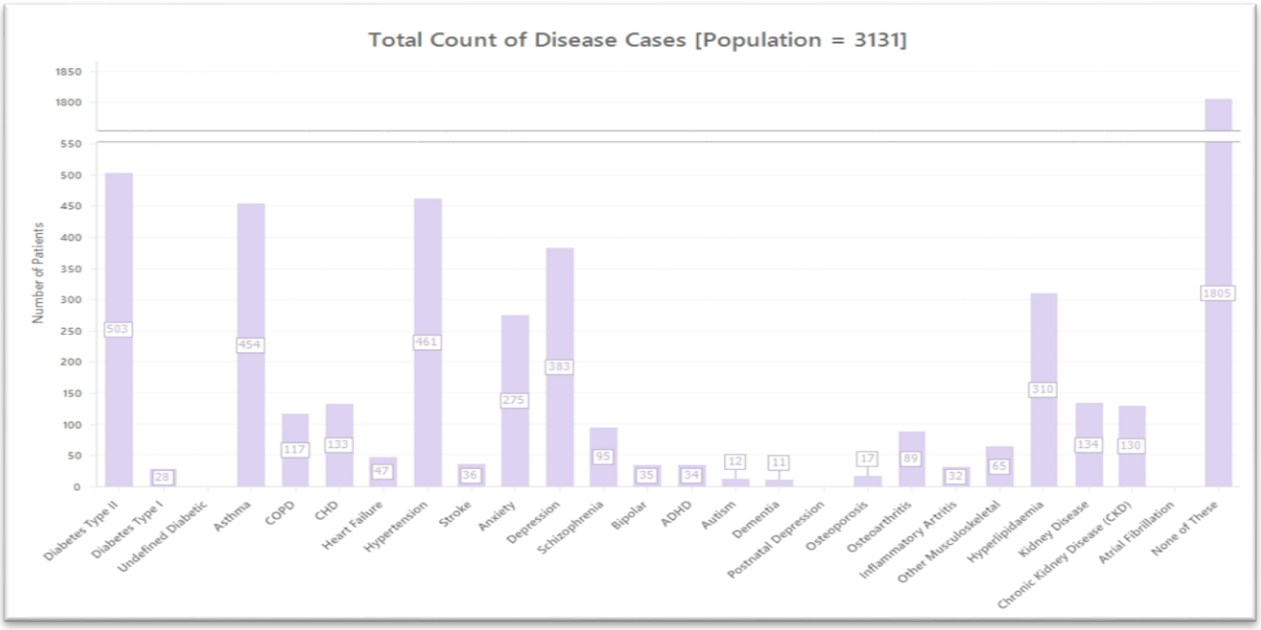
- General Practice (GP) services and acute care consultations.
- Chronic Disease Management, with an emphasis on diabetes, cardiovascular health, and respiratory conditions.
- Immunisations across all age groups, including childhood immunisation schedules and seasonal flu vaccinations.
- Social and Emotional Wellbeing (SEWB) services, providing counselling and culturally safe mental health support.
- Wound care and management of complex dressings.
- Respiratory care, including screening and management of respiratory illnesses.
- Dedicated Diabetes Care Team, consisting of an Aboriginal Health Practitioner and a Diabetes Educator, who provide education, distribute glucose machines, and support all aspects of diabetes management. This service has been central in empowering clients to manage their health and prevent complications.
- Outreach services to Leigh Creek, Copley, and Nepabunna, ensuring continuity of care for remote communities.
- PATS (Patient Assistance Transport Scheme), supporting clients to travel for specialist appointments and hospital-based care, ensuring that distance does not become a barrier to vital health services.

In addition, we enhanced service delivery at our Davenport clinic, transitioning to a walk-in model to improve accessibility. We also introduced monthly diabetes assessments, which have provided an important avenue for clients to receive chronic disease care within their own community.

These services demonstrate our commitment to addressing immediate health needs while also focusing on prevention, early intervention, and long-term well-being.

Service Activity Data

- Total number of patients seen: 3131, Port Augusta town clinic only
- Number of health checks conducted:
- Immunisations administered age 13+: 3416
- Outreach visits conducted: 6 clinics 2 supported by an optometrist and other health providers.



Key Achievements

This year has been a period of growth and innovation for our clinical team, with several significant milestones reached in service delivery and community outcomes.

Introduction of Point-of-Care Testing: We successfully installed the TTANGO machine, providing rapid turnaround results within 90 minutes for sexually transmitted infections and respiratory viruses. This has allowed for timely diagnosis, treatment, and follow-up, improving patient outcomes and reducing barriers to care.

Collaborative Health Programs: Pika Wiya partnered with national and regional initiatives, including the Trachoma Elimination Program, Breast Screening services, and Diabetes studies. These collaborations have strengthened our preventive health strategies and created more pathways for community members to access early detection and intervention services.

Workforce Development and Technology: Our clinical staff undertook training in a new IT health system, introduced by NACCHO, designed to better navigate and record health checks. This upskilling supports more efficient care planning, reporting, and follow-up, ensuring clients receive comprehensive and continuous care.

Acknowledgements

Thank you, staff, community, and partners.

I would like to acknowledge the hard work and resilience of our clinical team, the ongoing support from the Pika Wiya Board and executive, and the trust placed in us by the Aboriginal communities we serve. We also recognise and pay our respects to Elders past and present whose guidance continues to shape how we deliver healthcare that honors culture, strength, and self-determination.

Staff:
Kristen Solar – Acting Clinic Manager
Joanne Sansbury – Aboriginal Health Worker
Seraphine Milera – Aboriginal Health Worker
Chanara Coombes – Aboriginal Health Worker
Kerry Warren – Aboriginal Health Worker

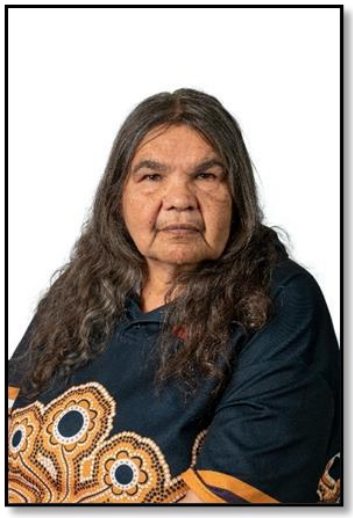
Kristen Solar - Acting Clinic Manager



Joanne Sansbury



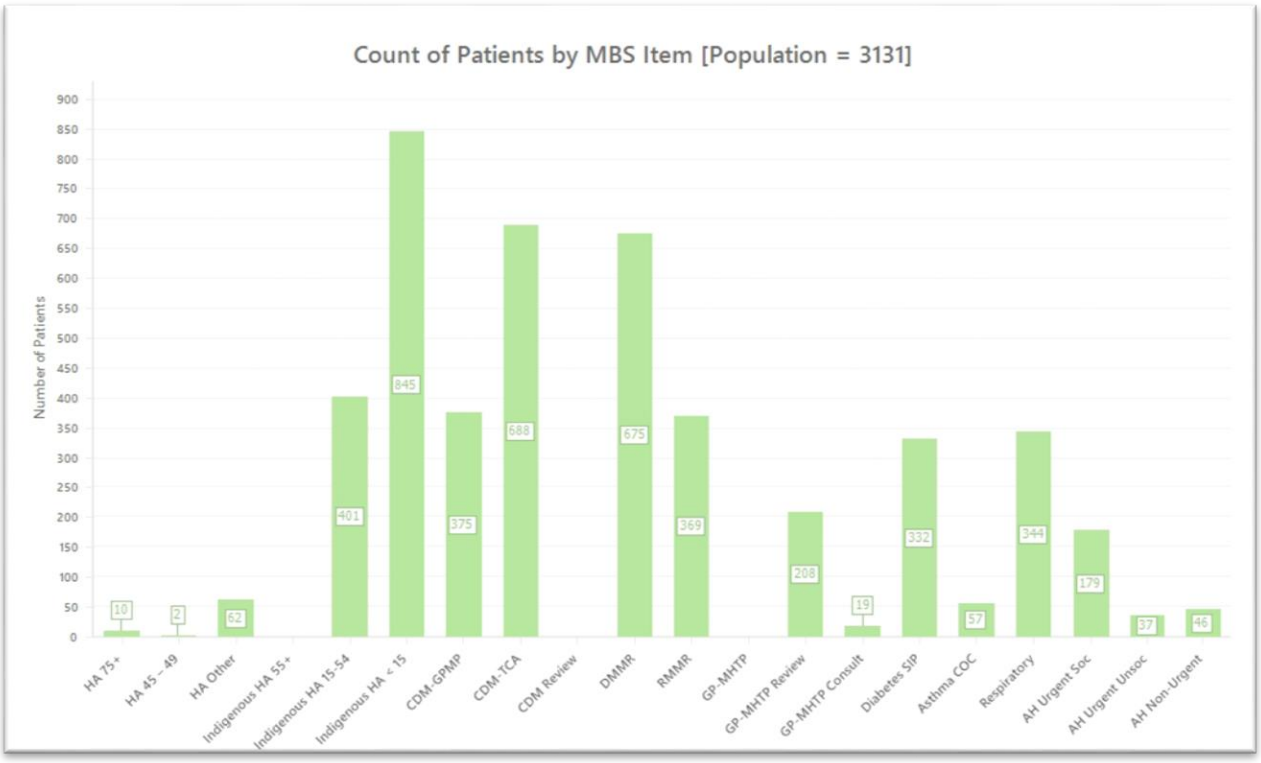
Seraphine Milera



Kerry Warren



Practice Managers Report



Pika Wiya Health Service clinic pulled together a magnificent team and will strive towards improving. There is planned training in the near future.

Accreditation provides a quality service from the organisation to the clients, employees, and the community.

RACGP accreditation is due in May 2026 with self-assessment due in December 2025.

Reception in Pika Wiya Health Service is the front line for all our clients and family coming into the clinics.



Our friendly receptionist listed below;

Dianne Welgraven (Senior Receptionist)
Janine Wilton
Paul Anderson
Karina Welsh
Michelle Cornish
Denise Warren (Casual)

Our receptionists are the first point of contact when clients come into the clinic. Their duties cover:

- telephone calls,
- reminders,
- making appointments using the triage technique
- supports the doctors with making appointments
- sending off referrals,
- scanning,
- administration, and
- handling of many other patient and staffing requests

The Patient Assistance Transport Scheme (PATS) Program has improved immensely with the numbers increasing, and we continue to provide advice and help our clients with transportation, to and from their medical appointments. Our receptionists coordinate the clients' transport options (whether by bus or private vehicle) and/or accommodation. We make every effort to make our clients' trips to their appointments as smooth as possible to prevent any distress.

We have a fantastic team of General Practitioners here at Pika Wiya Health Service.

- Dr. Renuka Makalandawa: Medical Director who is employed full-time. She is a very experienced GP and is dedicated to women's health, mothers, and babies.
- Dr. Christopher Clohesy: General Practitioner who is very experienced in General Medicine, Social Emotional and Clozapine clinics.
- Dr. Saji John: Medical Practitioner who is employed part-time and works on Tuesdays and Thursdays.
- Dr. Yaritji Green: General Practitioner Registrar who is employed full-time.
- Dr. Michael Nugent: General Practitioner who is employed part-time and consults at Copley and Nepabunna.
- Dr. Emmanuel Proheraris: General Practitioner who is a long-term Locum.
- Dr. Denis Chew: General Practitioners who is a long-term Locum GP who works with us five (5) weeks at a time with a five (5) week break and consults regularly at Davenport clinic.

PWHSAC is fortunate to have Telehealth for our clinics at Dartmouth Street and Copley, and this means that clients can use Telehealth if required, instead of going to Adelaide for their appointment. Doctors can do telehealth consultations and meetings. Bookings are made through reception.

All clients are asked to bring their Medicare card and concession cards to their appointments.

Bernadette Shephard - Practice Manager



Immunisations Nurse Report

The Immunisation program is a critical program that protects our community from preventable diseases. These vaccines had been delivered by an experienced immunisation nurse who provided safe and high-quality service. This financial year, immunisations continued to focus on:

Child Health Vaccinations

Clients were vaccinated against the below during the year included:

- Hepatitis B
- Rotavirus
- Meningococcal B
- Influenza
- MMR (measles, mumps, rubella) vaccine
- Rubella
- diphtheria, tetanus, pertussis, hepatitis B, polio, and Haemophilus influenzae type b (Hib)
- Pneumococcal
- Chickenpox (varicella) vaccine
- Haemophilus influenzae type b (Hib)

South Australian School Immunisation Program

Students in year seven (7) were vaccinated against diphtheria, tetanus and pertussis (whooping cough) (dTpa) and human papillomavirus (HPV) vaccinations.

Year ten (10) students were vaccinated against meningococcal ACWY and meningococcal B.

Adult vaccinations

Adult clients were vaccinated against:

- Influenza
- Pneumococcal
- Shingles
- COVID 19

It is important to note that the Aboriginal community is at high risk and missing vaccines can be detrimental to a person's health and wellbeing. This financial year the nurse attended three (3) clinics at Dartmouth Street, Davenport, Copley and Nepabunna clinics.

Great support from the General Practitioners, Practice Manager, Connected Beginnings, Aboriginal Health Practitioners, reception and drivers and all other staff involved in providing education, advice and support families to PWHS for immunisations.

Transportation

The Transport Officers provide transport to our clients daily from Monday to Saturday. Transport is required to ensure that clients have access to our services and programs that include:

- GP consults
- Aboriginal Health Practitioners consults
- Allied Health Professional consults
- assist vulnerable dialysis patients to attend all appointments to and from home to the Port Augusta Hospital and/or to Whyalla, for renal dialysis and medical appointments
- attending specialist appointments external to PWHSAC
- attending visiting specialists internally
- Other administrative requirements, i.e., assistance with PATS.

At times when transport officers are unable to provide transport, the client is provided with cab vouchers. We make all attempts to prevent this as our clients prefer to be provided with transport by our drivers.

Our transport officers provide 'on-call' by collecting renal patients after hours.

We are very fortunate that all the transport drivers are very punctual, happy, and work as a fantastic team.

Our friendly Transport Officers listed below:

Trevor Hannes

Donna Reid

Travis Kennedy



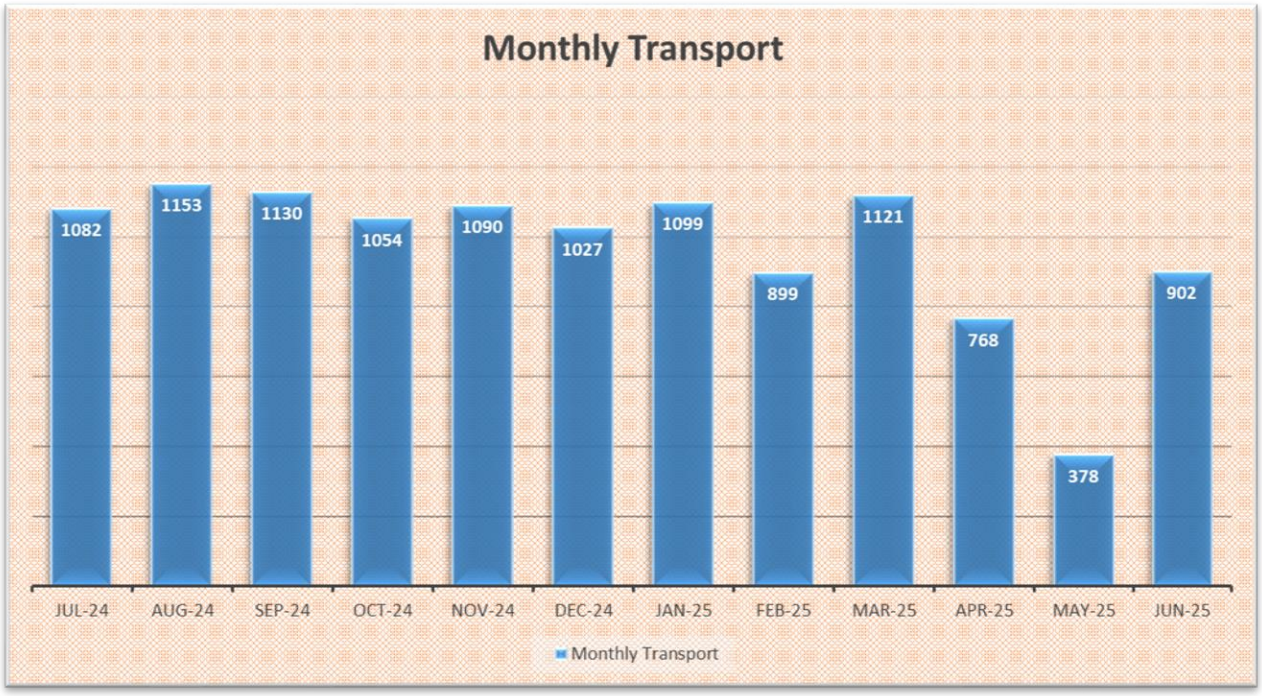
Stefan Wilton

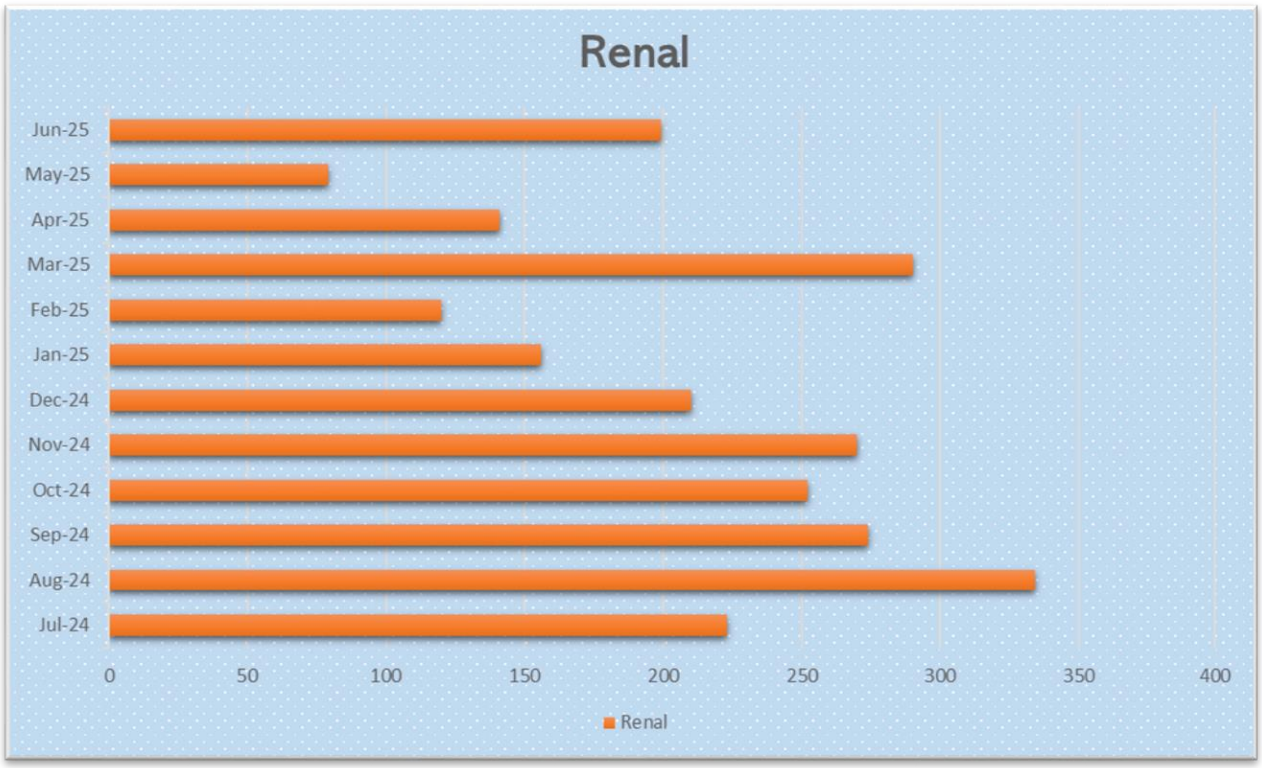


Andrew Wilton

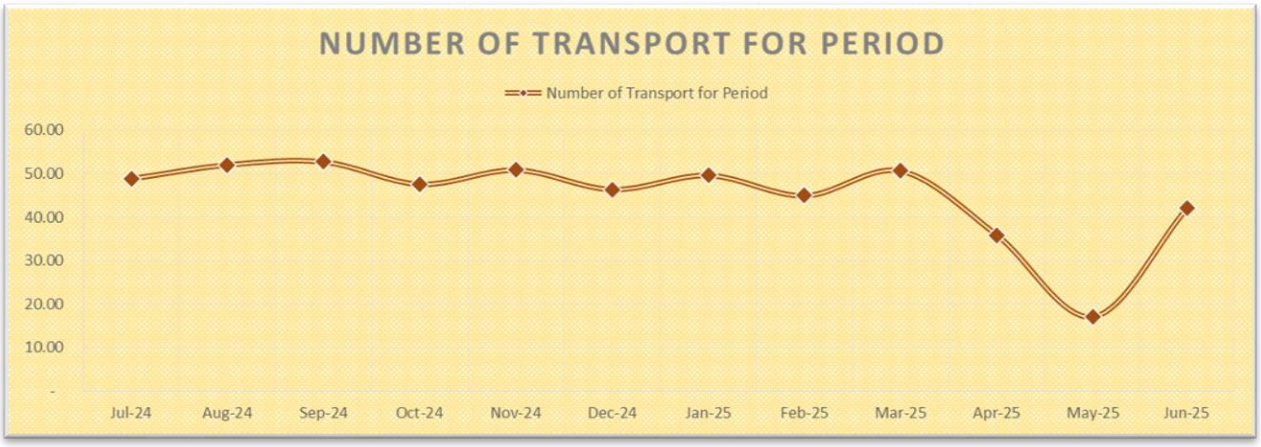
Month	Day	Renal	Monthly Transport	Start Month	End Month	Number of Days	Number of Working Days	Number of Transport for Period	Costing for our Drivers	Avg per trip per person	Avg Transport per driver
Jul-24	859	223	1082	1/07/2025	31/07/2024	31.00	22.14	48.86	$ 17,118.00	$ 350.32	12.2
Aug-24	819	334	1153	1/08/2024	31/08/2024	31.00	22.14	52.07	$ 17,118.00	$ 328.74	13.0
Sep-24	856	274	1130	1/09/2024	30/09/2024	30.00	21.43	52.73	$ 17,118.00	$ 324.61	13.2
Oct-24	802	252	1054	1/10/2024	31/10/2024	31.00	22.14	47.60	$ 17,118.00	$ 359.62	11.9
Nov-24	820	270	1090	1/11/2024	30/11/2024	30.00	21.43	50.87	$ 17,118.00	$ 336.53	12.7
Dec-24	817	210	1027	1/12/2024	31/12/2024	31.00	22.14	46.38	$ 17,118.00	$ 369.08	11.6
Jan-25	943	156	1099	1/01/2025	31/01/2025	31.00	22.14	49.63	$ 17,118.00	$ 344.90	12.4
Feb-25	779	120	899	1/02/2025	28/02/2025	28.00	20.00	44.95	$ 17,118.00	$ 380.82	11.2
Mar-25	831	290	1121	1/03/2025	31/03/2025	31.00	22.14	50.63	$ 17,118.00	$ 338.13	12.7
Apr-25	627	141	768	1/04/2025	30/04/2025	30.00	21.43	35.84	$ 17,118.00	$ 477.62	9.0
May-25	299	79	378	1/05/2025	31/05/2025	31.00	22.14	17.07	$ 17,118.00	$ 1,002.76	4.3
Jun-25	703	199	902	1/06/2025	30/06/2025	30.00	21.43	42.09	$ 17,118.00	$ 406.67	10.5
TOTAL	9155	2548	11703								




Monthly Transport
1082
1153
1130
1054
1090
1027
1099
899
1121
768
378
902
JUL-24
AUG-24
SEP-24
OCT-24
NOV-24
DEC-24
JAN-25
FEB-25
MAR-25
APR-25
MAY-25
JUN-25
Monthly Transport


Renal
Jun-25
May-25
Apr-25
Mar-25
Feb-25
Jan-25
Dec-24
Nov-24
Oct-24
Sep-24
Aug-24
Jul-24
0
50
100
150
200
250
300
350
400
Renal

All charts showing below are from July 2024 to June 2025







PROGRAMS

Chronic Disease Care & Allied Health

Diabetes

Angela Llewellyn (Diabetes Educator) is contracted as part-time (0.4FTE). She supports the Endocrinologist who visits one day a month in this allocation. Endocrinologists reviewed nineteen (19) clients during this reporting period with three (3) clinic days held.

- Access to Diabetes Nurse Educator (DNE)
- Access to Podiatrist
- Access to Dietitian
- Access to Allied Health Assistant (to support Allied Health Professionals)

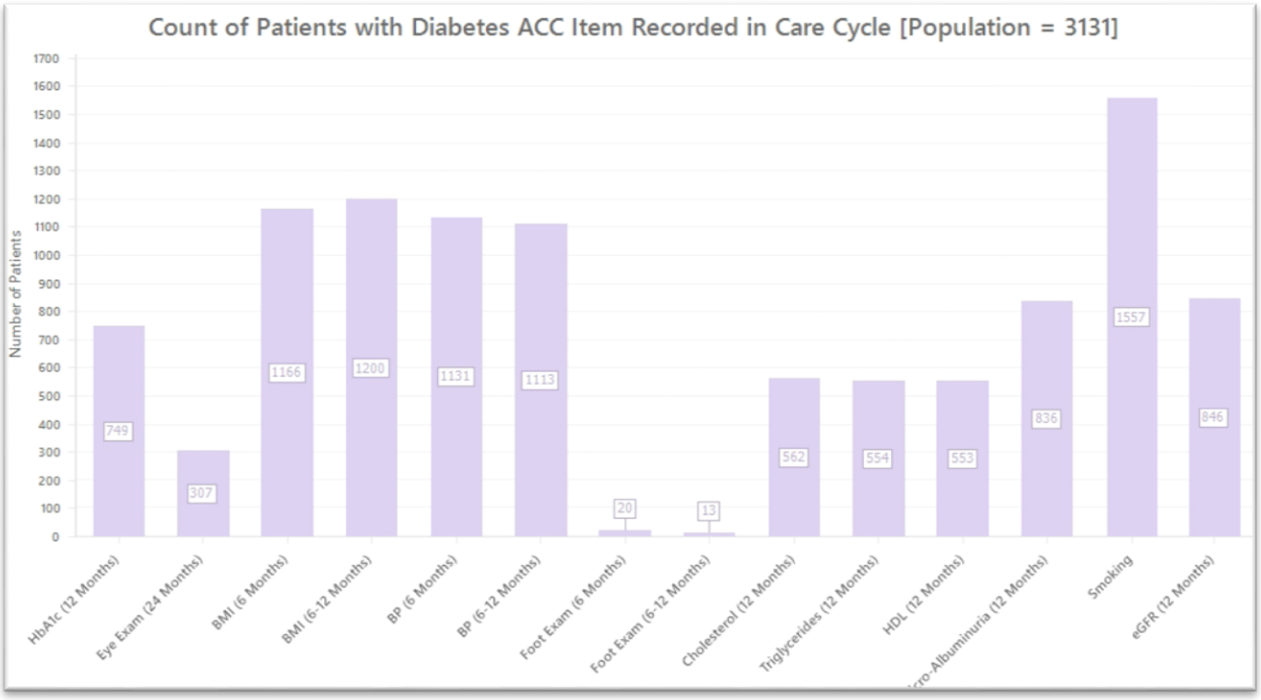
The chronic disease care and allied health care provided include:

- GP Management Plans (721)
- Team Care Arrangements (723)
- Review of GPMP and TCA (732)
- Health Assessments (715)

715	558
721	208
723	227
732	62



Diabetes



Aboriginal Health Practitioner assists supporting Allied Health Professionals in the program who attends Pika Wiya Health Services, by continued to arrange appointments for the Diabetes Educator, Endocrinologist, Dietitian and the Podiatrist where clients are referred from the Doctor to have access to Allied Health Specialist who travel to Port Augusta. The role requires tasks such as:

- phone calls to follow-up clients,
- rescheduling appointments if a client can't make it or
- if they missed their appointments,
- complete reminders letters,
- action the re-calls and
- documentation requirements on Communicare/data.

The Diabetes program is currently participating in the QAAMS program (Quality Assurance for Aboriginal and Torres Strait Islander Medical Services) HbA1c Point-of-Care-testing, which is vital to have in our organisation, especially for our Diabetes clients. This test is very important for keeping track how well blood sugar is controlled, which helps healthcare professionals work out if treatment is effective, or there needs to be a change with a client's medication, and prevent long-term diabetic complications like kidney issues, eye disease and damage to the nerves.

Allied Health

This year has been a year of growth, collaboration, and continued commitment to working alongside multidisciplinary professionals. The contribution of visiting cardiologists, respiratory specialists, nurses, optometrists, physiotherapists, occupational therapists, and hepatologists has strengthened our capacity to respond to the health needs of our Aboriginal community.

Visiting Specialist Schedule

Providing culturally appropriate services to our Aboriginal clients who attend Pika Wiya Health Service remains at the heart of our work. We are honored to have a dedicated team of visiting specialists attending our service, ensuring that clients can access high-quality care within a supportive environment.

The visiting specialist schedules included:

- Cardiologist – 6 visits per year
- Respiratory Nurse – 16 visits per year
- Occupational Therapist – 10 visits per year
- Physiotherapists – 12 visits per year (female and male clinicians available)
- Hepatologist – 2 visits per year
- Optometrist – 24 visits per year (2 visits per month)
- Respiratory Physician – 6 visits per year

Outcome of visits

- A client with longstanding respiratory issues was referred for a sleep study during a respiratory clinic. Following diagnosis, they commenced CPAP therapy, resulting in improved sleep, reduced daytime fatigue, and better quality of life.
- Optometry clinics led to timely referral of a client to an ophthalmologist for urgent eye treatment, preventing further deterioration of vision.
- A cardiac client was able to avoid travelling to Adelaide by accessing specialist follow-up locally, reducing stress on both the patient and their family.
- Occupational therapy sessions supported clients in managing daily living challenges, with practical strategies and equipment that increased independence and confidence at home.
- There a time when our clients are required to travel to Adelaide to attend hospital or other clinic for major surgeries which our hospital are not equipped to such procedures such as the Ophthalmologist for eye conditions such as rectal detachment or the cardiologist for heart procedures, or further sleep studies to located the issues of disturbed sleeping patterns or wakefulness for other sleeping disorders.

Working alongside specialists to make sure every client is supported, whether it is attending a telehealth appointment, having bloods or scans done before a consultation, or being referred on for a sleep study or seeing the ophthalmology at the Port Augusta Consulting Suite. These services mean our clients can access care locally, in a culturally safe environment, without the need to travel long distances.

This why it is import for our mob to attend our visiting specialist appointments so that major health issues can be detected early to prolong eye vision or heart conditions to be able to live longer lives to there for our families, our children and grandchildren.

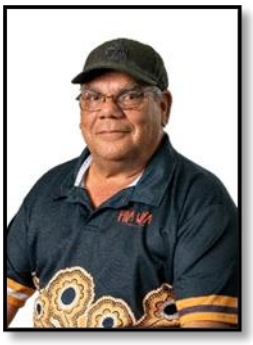
I look forward to another year of collaboration, continuing to deliver care that strengthens health, independence, and wellbeing for our Aboriginal clients that attend our service.

Staff:
Miriam Mahomed – Aboriginal Health Practitioner (CPAP & Webster Packs)
Ivana McKenzie – Aboriginal Health Practitioner (Diabetes)



Family Health

Men's Health



Lionel Milera returned to Pika Wiya Health Service in March within the position of Men's Health. He has worked in the clinic for fourteen (14) years.

Lionel plays a crucial role in improving the overall health and well-being of males in different age groups by focusing on prevention, early intervention, and support for specific health needs. This can be achieved through various strategies, including health checks, education, workplace initiatives, and culturally relevant programs. This includes raising awareness about common male-specific health concerns like prostate and testicular cancers, diabetes and so on.

Key Roles of Men's Health Practitioner:

- Health Checks within different age categories:
    - 16 yo to 24 yo,
    - 24 to 49, and
    - 50 years plus
- Yarning sessions
- Health Promotion and Education

Even though it has been a short time since being in this position of men's health, Lionel has successfully implemented several male clinics carrying out Health checks and bowel screening, educational sessions on cancer in men. He would like to encourage more males to attend and empower themselves in their own Health and Wellbeing.

Lionel Milera - Aboriginal Health Practitioner (Men's Health)

Connected Beginnings

The objective of the Connected Beginnings Program is the integration of early childhood, maternal and child health, and family support services within school settings in Aboriginal and communities so that children are healthy and well prepared for school. It is expected that the program improves the health outcomes and the achievements of the developmental milestones of children in the funded school communities, so they are ready to start school, able to learn and thrive.

Activities Delivered

The activities delivered included:

- Antenatal Care: providing AN assessments and care coordinator for clients accessing the mainstream Port Augusta Hospital Obstetric clinic and Anangu Bibi Birthing Program (ABBP).
- Child Health Services: Providing intervention screening for early detection and identifying responses to social and development needs.
- Collaborate and build robust relations with Backbone agency Marnbi.

Antenatal Care (ANC)

Provide antenatal assessments and care coordination for clients accessing the mainstream PAH Obstetric clinic and Anangu Bibi Birthing Program (ABBP).

Increase AN care for those clients not accessing care and/or falling through the gaps and supports for barriers for non-attendance.

Type of engagement and advocacy support provided

- Explore incentives for client accessing CB AN care to minimize DNAs (did not attend)
- Collaboration with key services to ensure seamless process for clients

Provide health promotion and education antenatal sessions such as;

- Healthy eating,
- Physical activity,
- Healthy pregnancy with AOD, folate, iron and vit-d
- Importance of accessing antenatal care,
- Chronic health conditions such as Diabetes & RHD
- Design and develop culturally safe IEC (information, education, communication) materials, including developing a QR code
- Encourage and engage dads and dads to be to participate in the pregnancy journey by promoting the sms4deadlydad resource
- Increase awareness on postnatal care by providing understanding of the importance of health and early intervention including and not limited to;

Mother:

- 6/52 postnatal GP, mental health review & wound care
- Collaborate with Women's Health Program i.e. pap smear, sexual health education/ contraception
- Parenting advice & education
- Breastfeeding support and/or artificial feeding (AF) support, advice with milk storage and sterilisation for feeding equipment
- Centrelink/Medicare support.

Provide health promotion and educational postnatal sessions such as;

- Breastfeeding support and culturally appropriate resources.
- Parenting advice
- Nurturing healthy environments i.e. safe, sleeping, AOD
- Healthy eating / introducing solids
- Care of newborns
- Care of toddlers
- Immunisations
- Health checks/715
- Development milestones (18m – 5y ASQ TRAK)

Father:

- Encourage and engage dads and dads to be to participate in the postnatal period and beyond by promoting the sms4deadlydads resource.
- Collaborate with Men's Health Program, i.e. sexual health, bowel cancer screening, 715, etc.
- Design and develop culturally safe IEC (information, education, communication) materials, including developing a QR code

Child Health Services

- Provide intervention screening for early detection and identify responses to social & development needs
- Provide preventive health screenings focusing on: Ears; Eyes; Oral health
- Staff training on ASQ-TRAK
- Improve linkages and collaboration with a range of childhood services

Stakeholder Engagement

Marnbi Aboriginal Corporation

- Build strong collaboration with Marnbi/lead agency to provide;
- Parenting advice to mothers and families (up to 5y) such as; Breastfeeding support, healthy lifestyles, safe sleeping etc.
- Eye, ear and oral health education activities

- Identify and prioritise vaccinations for children under 5 who are behind schedule to ensure access to be preschool ready
- Provide information on vaccinations by working in collaboration with PWHS immunisation RN & GP.
- Provide care coordination for immunisation bookings in conjunction with;
- AHP screening
- GP review
- Immunization's nurse
- Health promotion and education of vaccinations for expectant mothers and families on Whooping cough, Fluvax etc.
- Identify and vaccinate other extended family members of targeted pregnant women accessing ABBP/PAH
- Collaborate and build robust relationship with Backbone agency – Marnbi
- Establish rapport with backbone agency and maintain relationships to improve early childhood health outcomes and developmental milestones for first nations children so they are healthy, able to start school and able to learn effectively and thrive.

ABBP/Port Augusta Hospital Obstetrics Clinic

- Partnership for the antenatal and postnatal clients
- Major referral stakeholder
- Only Level 2 birthing hospital in Port Augusta from Adelaide

CHAD – Child Health and Development Team at PAH

- Major referral stakeholder for child developmental issues

Government agencies: Housing SA, Centrelink, Medicare, Department of Child Protection (DCP), SA Health, Child and Family Health Services

- Addressing holistic view of health – social determinants of health

Non- Governmental Stakeholders – Aboriginal Families Support Services (AFSS), Salvation Army

- Addressing holistic view of health – social determinants of health

Risk Management

Home visits

- Mobile phone access
- Home visit risk assessment
- Violence and aggressive risk assessment

Outreach services

- Journey management plan

Staff:
Caroline Dalgetty – Aboriginal Health Practitioners and AMIC worker
Kiesha Stuart – title - Aboriginal Health Practitioners and AMIC worker



Sexual Health Team

The Sexual Health program has continued to be funded by the Department of Health Western Australia (DOH) and the National Aboriginal Community Controlled Health Organisation (NACCHO). This has enabled the retention of staff and a sustained focus on educational and prevention activities.

- Two staff recently recruited to the ESR positions
- Staff work closely with AHCSA Josh Reissen (Program Officer of Sexual Health/BBV) to plan on how to engage and focus on educational sessions within the community, youth and the schools. This will continue with the new appointees.
- Sexual health campaigns

There are two part-time positions funded. However, it took considerable time to recruit the two (2) part-time positions; other staff filled in for health education opportunistically.

Although sexual health has become embedded as a normal and important part of overall health, particularly when a client receives their health check (715).

The Syphilis Program team and clinic team are also working collaboratively together in terms of doing targeted health talks, promoting opportunistic testing and contact tracing.

Syphilis prevention education covered in the above health promotion events

Building ACCHO Workforce Capacity

Staff in-service training on STIs/BBVs and service integration upon Communicable Disease Control Branch (CDCB) public health alerts on outbreaks of syphilis and other STIs/BBVs, from national and state jurisdictions.

- In-service training for staff on STIs and BBVs is currently in progress
- Public health alerts, syphilis alerts SA Health emailed to all staff
- No information sharing sessions held this reporting period

Regular collaboration and information sharing with our GPs to order STI/BBVs pathology for clients to increase our voluntary and opportunistic testing.

- We were able to educate clients on STIs/BBVs within the walk-in clinic
- Voluntary and opportunistic testing-96 tests/other STIs/BBVs information sharing with GPs

Dedicated Enhanced Syphilis Response/Sexually Transmitted Infections/Blood Borne Viruses program staff will participate in any necessary and specific training facilitated by state and national stakeholders.

- TTANGO Training completed in June 2025, by both staff members in the program

Community of Practice and Knowledge Exchange

Facilitate drop-in sessions to share information and manage risks with all staff regarding communicable disease control branch public health alerts.

- Sessions are held on an ongoing, as needed basis

Program team contribute a STI POCT section on organization's social media platforms

- STIs/BBVs awareness messages and prevention information shared through posters, and handout materials were made available at Davenport clinic and Town clinic. Clients were offered STI education and testing information

Participate in webinars and relevant research initiatives facilitated by NACCHOs, AHCSA, and other key stakeholders.

- Ongoing as scheduled throughout the year
- Monthly teleconferences, regular phone contact and emails with AHCSA

Increasing Community Awareness of Syphilis

Investigate the possibilities of establishing condom dispensers in the catchment area.

- External to PWHS – delayed due to staffing issues. Internal dispensers are within the PWHSAC Town Clinic and Davenport clinic. These are continually refilled by staff
- Team have Identified suitable location, will seek further support if viable for PWHSAC to maintain

Explore clean needle & syringes program.

- Port Augusta City Council, Sobering Up Centre, Stepping Stones Day Centre support needle/syringes programs within Port Augusta. ESR staff will promote to our clients

Continue to build robust partnerships with key stakeholders on health promotion activities.

- Maintained ongoing collaboration with SA Health, and AHCSA and local schools, mainly Port Augusta Secondary School (jointly planned and delivered health promotion events focusing on STIs/BBVs)
- PWHSAC staff attended Community wellbeing Family Fun Day 26/03/2025. HIV/AIDS and STIs; 30 attendees supported. Sexual Health resource bags provided to 20 attendees

Strengthen robust community engagement through empowerment strategies to work with community champions and leaders.

- Engaged local community leaders to promote STIs/BBVs awareness and testing ongoing community involvement and empowerment. AHCSA staff will deliver sessions locally upon request. Staff will continue to seek a local champion

High school sexual health and STI awareness programs.

- New staff building rapport to assist with the delivery of sexual health and STI Programs, and in corroboration with AHCSA

Activity Support Increased Syphilis Testing

Dedicated health assessment days by AHPs and a GP for STI screening and voluntary testing.

- ESR staff are available within the clinic to assist with testing and client knowledge on STI's

Host Men's and Women's Yarning Circles to create friendly space for voluntary testing.

- Not completed this reporting period. Women's yarning circle planning started
  Health promotion calendar events at clinics or in the community to promote voluntary testing, such as Women's Health Week.

- Attended NAIDOC week (July), Women's Health Week and Pika Wiya Health Service Family Fun Day (July) shared STIs/BBVs information and promoted voluntary testing, gave out health resources

Increase awareness during Men's and Women's Clinic days to increase voluntary testing uptake.

- In plan mode. Will support once in place

Strengthen contact tracing through culturally sensitive home visits and collaborative outreach field trips with clinics and other sectors.

- 2x AHP male/female attended outreach clinic in June
- No home visits completed
- 1 outreach trip – approx. 20 clients supported

Increase in Antenatal & Postnatal checkups including STI/ESR screening at booking routine antenatal bloods as well as 28/40 and 36/40.

- Working closely with the Connected Beginnings Program for children 0-5, ensuring antenatal testing as per Shared Care Program

Collaborating with Connected Beginnings Program.

- Discussions with parents of 0-5 children includes sexual health, prevention of STI's

Ongoing Monitoring and Continuous Quality Improvement (CQI)

Demographic profile of 15-35 years of age in catchment area.

- 605 females and 555 males in this cohort

Up to date daily STI testing rates on our STI stats template weekly.

- 147 tests completed this reporting period

Continue working with our Communicare team to maintain up to date ESR/STI records for reporting and monitoring purposes.

- PWHSAC transitioned from Communicare to Best Practice in July 2025

Activities to Support the Safe, Quality Use of Syphilis Point of Care

Maintaining currency of ESR Training for staff involved with syphilis testing activity.

- Currency of ESR Training for all staff involved in syphilis testing activity

Undertaking and recording Quality Control (QC).

- Processes, records and delegation for QC compliance are in place and actioned

Summary

- The 2x AHPs were waiting to complete the TTANGO machine training to learn and undergo these tests. Training commences in July.
- Limited staffing in program over this reporting period.

Staff



Hayden Reid – Aboriginal Health Worker (Enhanced Syphilis Response – Male)

Tamara Coulthard – Aboriginal Health Worker (Enhanced Syphilis Response – Female)



Health Promotion

Health promotion activities have been coordinated and promoted, including health lifestyles, smoking, substance misuse, diet, exercise, and dental health.

A number of activities occurred through the year included:

- OCHRE Ribbon Breakfast at the Stepping Stones Day Centre with health topics such as bowel cancer, sexual health, STI's and kidney health. At this event, fifty-one (51) health education resources were distributed which included STI printed t-shirts, water bottles, ribbons hand sanitizers, leaflets including fruit.

- ECS Yarning at the town clinic with health topics on elder care, dementia, and elder rights. At this event, sixteen clients attended, and resources distributed included uvex lenses, cleaning fluid, lotte bags, and hand sanitizers.

- A Family Fun Day occurred at the Central oval with two schools including Port Augusta High School and Flinders View Primary School. Health topics such as sexual health, STI's, HIV/AIDS, Women's Health, Breast Screening, Bowel Screening, Hepatitis, Connected Beginnings resources, Enhanced Syphilis Response program, and promotion of Health Assessments (715's). At this event, fifty (50) clients were provided with resources such as polo shirts, coloring supplies, condoms, hand sanitizers, card holders, key tags, red/white ribbons, posters, leaflets including fruit. This event was a huge success for PWHSAC.

- The Diabetes Educator conducted cooking and nutrition education at Copley Hall. This event attracted ten (10) people. At this event, the GP spoke to five (5) men about their health and wellbeing. In March, a Community Yarning Session was conducted at Copley Community Hall, and this attracted four (4) community participants. They yarned about nutrition, gardening, elder care services, arts and women's health. The resources distributed included bags with information leaflets, polo T-shirts, and glass cleaners. The Copley Community discussed their ideas for a community nutrition garden, reinforced the art center, and more cooking and nutrition programs. Elder Care and support services are a big need in the area. Positive feedback and community acknowledgement of health programs being delivered on country. Also, communal requests to conduct more similar events after hours and evenings to cater for those engaged in employment.

- In March, a community Yarning Session occurred at Nepabunna Community Hall. Seven (7) people participated and spoke about the Elder Care Support Program and distributed polo-Tshirts and information leaflets. The community voiced their concerns about ongoing services, specifically elder care, and specialist support. PWHSAC received positive feedback and community acknowledgement of health programs being delivered in the country and requested to conduct more similar events after hours and evenings to cater for those engaged in employment.

Evaluation of these events was very positive and categorised as 'excellent'.

Elder Care Support

The Aged Care Coordinator has completed 'MAC Learning' training modules within a fortnight of start date. The modules consisted of:

- Welcome to MAC Learning
- Working Effectively in MyAgedCare
- Promote positive, ageing, wellbeing and reablement
- MyAgedCare System Training – Agent Functionality

The ECS Program Coordinator completed 50% MAC Training but was appointed as Acting CEO, hence left position vacant from the 13th of February 2025. The ECS Program Connector completed MAC Training and then resigned on the 02nd May 2025. Since then, the ECS program has no staff to current.

The Service is successfully registered in MyGov Aged Care Portal within 1 month of Coordinator commencing (after the completion of modules).

On the 06th of December 2024, recruitment was complete and then both positions were left vacant as of 13th February 2025 (Coordinator) and 02nd May 2025 (Connector).

PWHS participated in 6 Community of Practice (CoP) Meetings facilitated by AHCSA.

- 05/02/2025
- 14/02/2025
- 19/03/2025
- 16/04/2025
- 06/05/2025
- 28/05/2025

The ECS staff attended the Quarterly National ECS Community of Practice Meetings and Annual National Yarning Circle. The Programs Manager participated in the National Yarning Circle in Pullman Adelaide between 28th and 30th of April 2025.

The Elder Care Support Program has registered eligible ECS clients into the MyAgedCare portal.

The types of supports included:

- Awareness and Engagement
- Supports to pre-registered MyAgedCare community members
- Assessments
- Internal referrals
- External referrals to other services

The following Service Activities were developed in line with our Activity Workplan

Overall / Recruitment

Employ suitably skilled people in the program team. 2 FTE and role. Both positions are left vacant from the 2nd May 2025.

Communication

Introduced the program with broader community and services providers including other Aboriginal Community Controlled services such as Wami Kata Aged Care facility.

Stakeholder engagement

Stakeholders: Engagement with 26 participants. A strong working relationship established with relevant stakeholders with day-to-day engagement.

Advice, advocacy, and service gaps

Staff have identified service gaps with clients who were interstate and travelled to Port Augusta for Christmas and the retrospective service provider reached out to PWHS to seek support during this period for the client. The staff member in the program identified the lack of information for clients and that clients don't have any idea what package they're on? Second client that was identified with service gap due to do with transport and lack of information for the clients to be aware of their information is out of date, expired, and then have to present back to Centrelink and re-register and or update their information.

Community /Client:

- client home visits
- respite support
- residential care support
- Engagement with family and friends of clients
- n-service with staff at town clinic
- Challenges:
- Work in progress Internal and External Referral Process
- Interjacencies Communication
- Inappropriate storage system of Personal; Sensitive and Confidential information
- Lack of access o CRM: Customer Relationship Management
- Assisting Aging Clients with simple supports and requests
- Lack of transport services for rural and remote clients
- Lack of physical services by service providers such as cleaning, yard maintenance
- Additional support or assistance required from affiliate or NACCHO
- Further resources for corporation and community promotion and education
- Further training for staff in the MyAgedCare Portal, NACCHO training and MACLearining
- Physical services for clients by current providers to be reinforced somehow
- More staff but difficult to find potential employees

The ECS program stopped gaining momentum when both staff vacated their positions and now there is a huge service gap and the Program Manager is overloaded with extra tasks. The good news is MAC Portal is up and running and so far, we have established 3 active relationships.

We are currently in the process of recruiting to fill the current vacancies, which are taking longer than anticipated.

Staff:
Candice Champion – Aged Care Support Coordinator
Cephas Stanley – Aged Care Support Connector



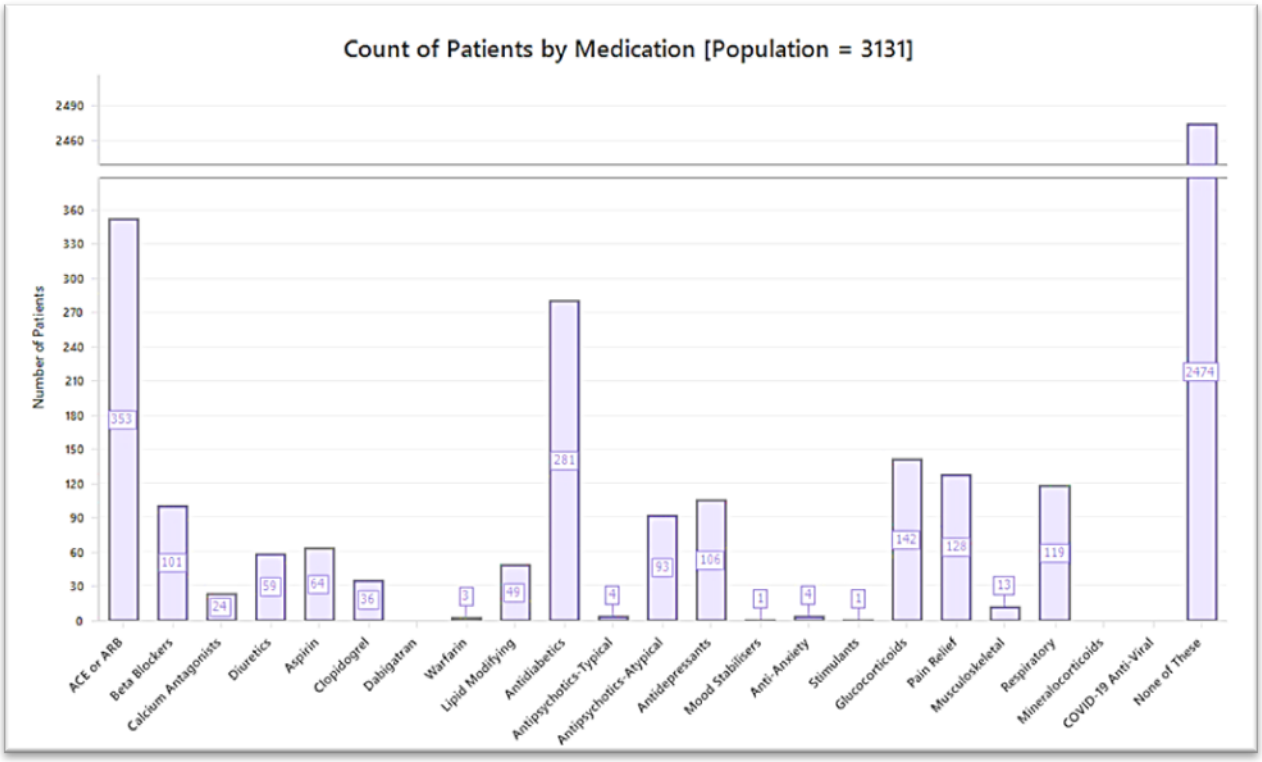
Pharmacists Report

Continued professional, clinical and administrative support and advice to both staff and clients of Pika Wiya Health Service. Contributing to multidisciplinary care by working collaboratively with Medical Officers, Nurses, Aboriginal Health Practitioners, Aboriginal Health Workers and other Allied Health team members. Pharmacist services have benefitted from relocating closer to the clinical team and medication storage room.

Coordination and management of the Indigenous Health Services Pharmacy Support Program (IHSPS), providing clinical pharmacy services including, but not limited to:

- Pharmacist-led education for staff and clients.
- Medicine Quality Assurance.
- Quality Use of Medicines improvement and compliance, including medication reviews.
- Medication management support activities.

Positive working relationships with pharmacist colleagues in the hospital system, particularly Port Augusta Hospital, and the local community pharmacies to support clients as they transition from hospital to community. In FY 2024/25, there were 3,665 summaries of Emergency Department (ED) presentations and Hospital Admissions from SA Health Hospitals that were directed to Pika Wiya Health Service. Of these, 2,360 were from Port Augusta Hospital made up of 1,890 ED presentations and 470 Medical Discharge Summaries.



Contribute to the shared care of Pika Wiya dialysis and transplant clients, aligning medication management across the different systems used by SA Health Nephrologists and Pika Wiya Medical Officers.

Bi-monthly outreach visits to Copley and Nepabunna including activities such as medication reviews in conjunction with the Medical Officer, client consults, coordination of Webster pack supply and imprest stock management.

Periodic 6 monthly medication review of all Wami Kata clients in conjunction with Pika Wiya Medical Officer and broader multidisciplinary team. Contribute to imprest management, medication guidelines and licences.

Clinical audits undertaken in 2024-2025 included medication review of Webster packs provided by Port Augusta Community Pharmacies to Pika Wiya clients and Metformin dosing in renal impairment, improving compliance with prescribed medication regimes.

PWHS pharmacists continued to work with prescribers and community pharmacies to streamline the workflow of electronic prescriptions and secure messaging to enable safer and more convenient access to medicines for PWHS clients.

Fully automated temperature monitoring system is now in place in all Pika Wiya locations, ensuring cold chain is maintained for medications that are required to be stored between 2 and 8 degrees, and medication storage rooms are maintained below 25 degrees.

National medicine shortages continue to be a challenge, PWHS Pharmacist worked closely with Port Augusta Hospital Pharmacy, Community Pharmacies and medicine manufacturers with advocacy from NACCHO to improve medicine supply and reduce the impact of these medicine shortages for PWHS clients.

PWHS pharmacist manages Imprest items and stock levels in conjunction with Medical Director to ensure the quality use of medicines, in the most cost-effective manner.

Mark George - Pharmacist

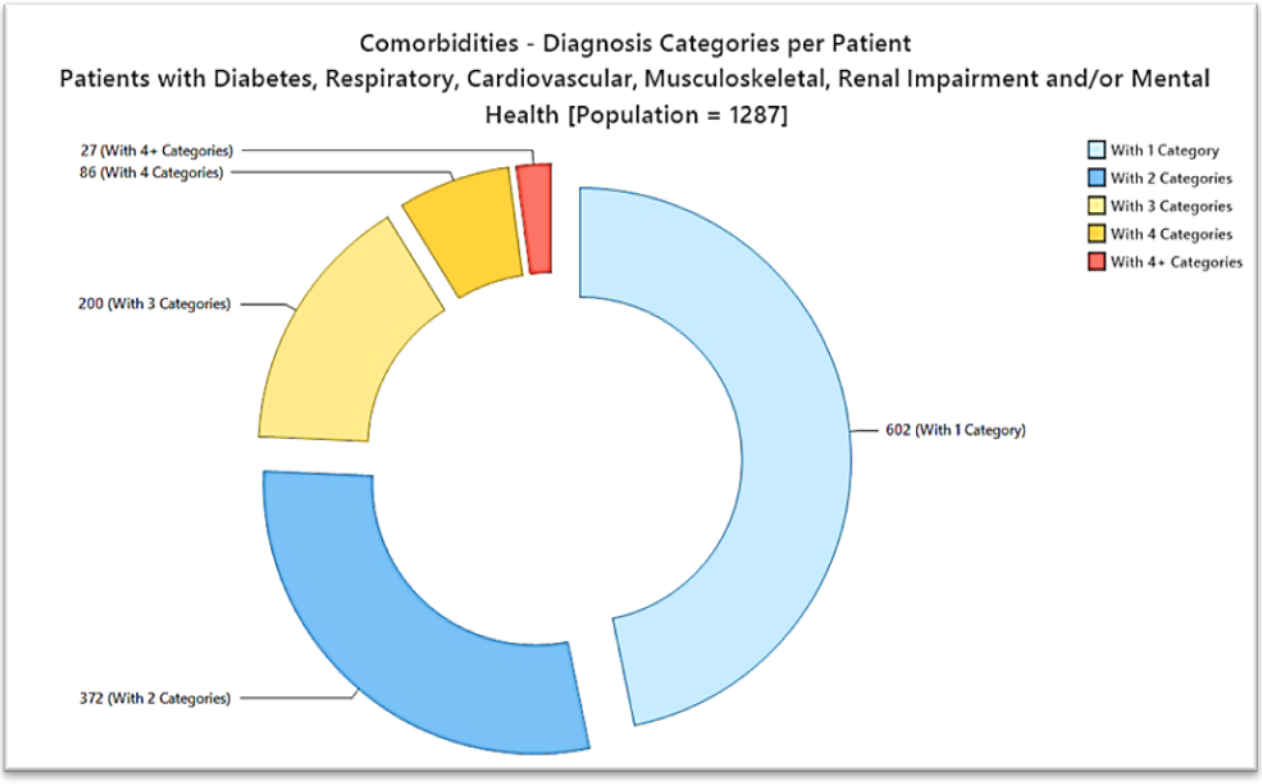


Mental Health Service

The Mental Health Team experienced challenges during the year due to ongoing changes in nursing staff; however, the team is now fully staffed and operating cohesively.

Pika Wiya acknowledges the outstanding contribution of the Mental Health Services staff. Their dedication, professionalism, and compassionate approach to client care have ensured that essential mental health and wellbeing services continue to be delivered to the community. The team's commitment to culturally safe, person-centered, and respectful support reflects the values and purpose of Pika Wiya Health Service.

Across all Mental Health Services programs, staff demonstrated resilience and collaboration in addressing complex community needs. From clinical treatment and case management to cultural healing and early intervention, each program contributed to strengthening social and emotional wellbeing throughout the region. Despite challenges with staffing and service demand, the focus remained on delivering culturally safe, community-led, and holistic care to every client and family served.



Mental Health Team Summary

The Mental Health Team has undergone a period of transition and rebuilding during the year. Despite staffing changes, the team successfully maintained essential service delivery to clients across the region. The team continues to provide consistent, high-quality mental health support guided by a culturally safe and person-centered approach.

Aboriginal Health Practitioners (AHPs) provided significant support in the delivery of depot injections and continuity of care during staffing shortages. Their teamwork, flexibility, and commitment ensured that clinical services remained uninterrupted.

Key Achievements:

- Supported 55 clients, including 42 receiving depot injections.
- Provided care to six Clozapine and eight CTO 2 clients.
- Maintained continuity of care despite workforce changes and the absence of a Transport Officer.
- Progressed accreditation for the Mental Health Program with the Clinic Lead.

Mental Health Nurse

The Mental Health Nurse Program continues to play an important role in clinical care and medication management for clients requiring ongoing psychiatric support. The nursing team, in collaboration with Aboriginal Health Practitioners, maintained a high standard of care and ensured that client needs were met through regular depot injections and follow-up visits.

This program continues to focus on culturally safe, community-led care, with a strong emphasis on accessibility, collaboration, and continuous improvement.

Key Achievements:

- Maintained depot injection program with consistent client follow-up.
- Ensured medication, adherence and continuity of care in community settings.
- Strengthened collaboration between nurses and AHPs for outreach and clinical support.
- Advanced clinical documentation and accreditation readiness.

Cultural Care Connect

The Cultural Care Connect program continued to expand and strengthen during the year. Staff demonstrated passion and commitment to developing the program and building community trust through engagement, workshops, and cultural partnerships.

The program delivered a range of community-led activities in collaboration with Standby, KWY, and UCSA, focusing on connection, awareness, and suicide prevention. Workshops, group sessions, and community events promoted well-being and cultural safety while providing opportunities for open discussion and learning. Attendance at the Culture Care Connect Summit in Darwin enabled staff to build valuable inter-agency relationships and share knowledge.

Key Achievements:

- Established the Culture Care Connect Program from inception.

- Conducted community workshops in partnership with Standby.
- Facilitated KWY and UCSA group programs and community BBQs.
- Delivered Safe TALK and “What Do I Say? What Do I Do?” workshops.
- Represented Pika Wiya at the Culture Care Connect Summit in Darwin, building inter-agency networks.

Social and Emotional Wellbeing & Psychology Service

The Social and Emotional Wellbeing (SEWB) and Psychology Service made strong progress during the year. The new SEWB worker demonstrated dedication, professionalism, and a strong commitment to community wellbeing, contributing significantly to the re-establishment of SEWB activities at Pika Wiya.

Throughout the year, the service facilitated community BBQs and art activities to promote healing through creativity and cultural connection. The SEWB worker collaborated with other organisations and the Culture Care Connect team to extend outreach and provide joint support initiatives. Participation in the Culture Care Connect Summit in Darwin further strengthened relationships with partner agencies and identified new opportunities for program development.

Key Achievements:

- Re-established SEWB service delivery with a new dedicated worker.
- Delivered community BBQs and art therapy sessions.
- Strengthened partnerships with local organisations.
- Collaborated with Culture Care Connect on shared wellbeing programs.
- Attended the Darwin Summit, strengthening partnerships and professional learning.



Staff:

Joanne Adair	Acting Team Leader / Social Worker	All Programs
Peter Fennell	Clinic Lead Registered Nurse	Mental Health
Paul Cremin	Registered Nurse	Mental Health
Adrian Coulthard	Aboriginal Health Practitioner	Mental Health
Tamara Coulthard	Aboriginal Health Practitioner	Mental Health
Gail Bowman	Aboriginal Health Worker	Mental Health
Justin Mogridge	Cultural Care Connect Coordinator	Cultural Care Connect
Tori Duckford	Suicide Aftercare Worker	Cultural Care Connect
Deslynn Dodd	Aboriginal Health Worker	SEWB & Psychology Service

Joanne Adair – Acting Team Leader





Peter Fennell



Paul Cremin

Adrian Coulthard



Tamara Coulthard

Gail Bowman



Justin Mogridge



Tori Duckford

Deslynn Dodd