



# A History of the QAAMS Program

## 1999-2019

By Professor Mark Shephard





### **A History of the QAAMS Program**

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**Important Note:** This booklet may contain images of Aboriginal and Torres Strait Islander people who are deceased.

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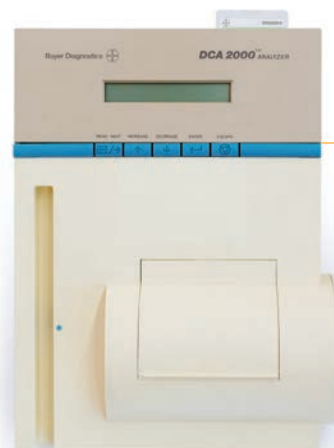
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## The QAAMS Story

The story of the Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS) Program began with a chance meeting of two strangers on a bus trip at Uluru in the centre of Australia 22 years ago...

In 1997 Mark Shephard attended a conference on renal disease in Indigenous peoples at Uluru in the Northern Territory. The conference dinner was held among red sand dunes under the stars and a bus was chartered to take delegates to the location. Mark sat next to Janet Streatfield who worked with the Australian Government Department of Health and Aged Care and whose section was responsible for enacting recommendations of the National Diabetes Strategy, 1998.

One of those recommendations was that 'a trial of the DCA 2000 point-of-care testing (POCT) device for measuring haemoglobin A1c (HbA1c) should be conducted in Aboriginal Community Controlled Health Services in Australia'.



DCA 2000

**Colagiuri S, Colagiuri R, Ward J. National Diabetes Strategy and Implementation Plan. Diabetes Australia, Canberra, 1998. Page 254.**

*Best Practice Priorities: Optimise the quality and accessibility of diabetes prevention and care for Indigenous Australians by; examining the clinical utility and cost effectiveness of providing Indigenous health services with a DCA 2000 analyser and cartridges to perform near patient HbA1c measurement.*



The concept for the 'QAAMS' Program was seeded at this fortuitous meeting and funds were secured from the Australian Government Department of Health and Aged Care to implement a pilot program for a 12 month period. Mark Shephard was appointed as the QAAMS Program Manager and the funds also supported an administrative assistant, Karen Lavender, to help kick start the program.

In March 1999, the Office for Aboriginal and Torres Strait Islander Health, in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO), formally introduced 'QAAMS' for on-site HbA1c testing by Aboriginal health workers using the DCA 2000. The aim of the pilot, which was conducted in 48 Aboriginal Community Controlled Health Services (ACCHS) across urban, rural and remote Australia, was to assess the acceptability, usefulness and reliability of the DCA technology in the ACCHS setting.



Mark Shephard



Karen Lavender



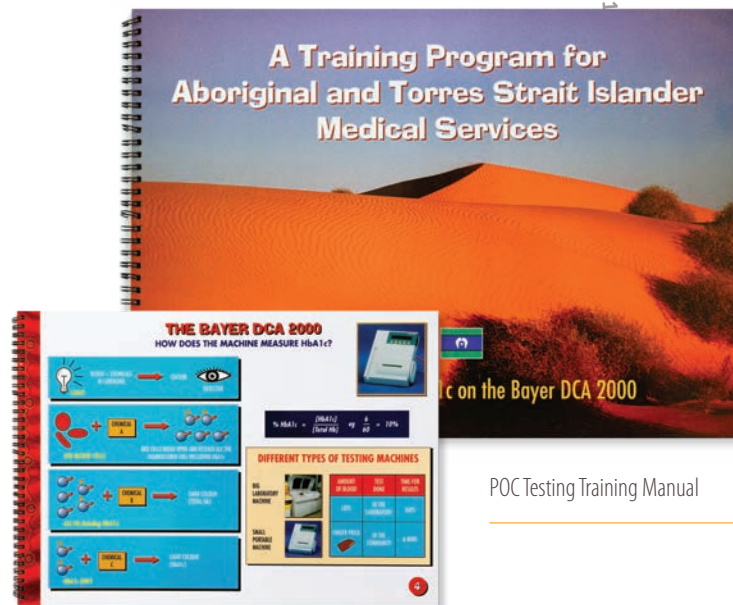
## Training for Point-of-Care Testing on the DCA 2000

The other aspect of initial concern to the government was whether health professionals from a 'non-laboratory' background could be trained to perform POC testing well.

Therefore, considerable emphasis was placed on developing a resource package and a training presentation to ensure Aboriginal health workers and other allied health professionals were competent and qualified to conduct POC testing for HbA1c.

The resource package included a training manual in hard copy form developed following consultation with:

- Aboriginal health workers from Flinders Medical Centre,
- Aboriginal health workers from Umoona Tjutagku Health Service,
- The Aboriginal Research Institute at the University of South Australia and
- Dr Sophie Couzos, the Public Health Officer from NACCHO.



POC Testing Training Manual

The manual featured a series of abstract illustrations of Australian animals, drawn by Aboriginal artist Karen Briggs (Aboriginal Research Institute, University of South Australia) and was designed by Dennis Jones and Alan Bentley (Medical Illustration and Media Department, Flinders Medical Centre).

A set of colour posters were also developed to provide a visual step-by-step guide on how to conduct client, quality control and quality assurance tests for HbA1c on the DCA.



A VHS video cassette was supplied to each service; this provided a visual record of all aspects of training and followed the material provided in the training manual.

A PowerPoint training presentation and a competency assessment process and register of qualified operators of the DCA device were also prepared.

**QAAMS was ready to begin...**

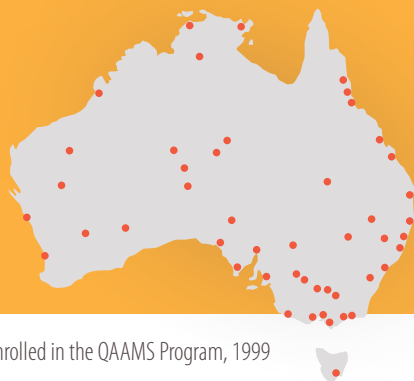
## QAAMS – The First 6 Months July to December 1999

48 services were initially enrolled in the QAAMS Program, which commenced on 1 July 1999. 37 of these 48 services remain in the program 20 years later, as testament to the success and longevity of the program.

### INITIAL SITES ENROLLED IN THE QAAMS PROGRAM, 1999

- ▶ **Danila Dilba Medical Service Aboriginal Corporation** (NT)
- ▶ **Wurli-Wurlinjang Aboriginal Corporation** (NT)
- ▶ **Miwatj Health Aboriginal Corporation** (NT)
- ▶ **Central Australian Aboriginal Congress Inc** (NT)
- ▶ **Townsville A&TSI Health Service** (Qld)
- ▶ **Wuchopperen Medical Service Ltd** (Qld)
- ▶ **Mamu Medical Service LTD** (Qld)
- ▶ **Charleville & Western Areas A&TSI Corp** (Qld)
- ▶ **Mackay A&TSI Medical Service** (Qld)

- 
- ▶ Bidgerdii ATSIC Community Health Service (*Qld*)
  - ▶ Nunkuwarrin Yunti Inc (*SA*)
  - ▶ Port Lincoln Aboriginal Medical Services Inc (*SA*)
  - ▶ Pika Wiya Health Service Inc (*SA*)
  - ▶ Umoona Tjutagku Health Services Inc (*SA*)
  - ▶ Ceduna/Koonibba Health Service Inc (*SA*)
  - ▶ Gippsland & East Gippsland Aboriginal Medical Centre (*Vic*)
  - ▶ Bunurong Health Service (*Vic*)
  - ▶ Central Gippsland Aboriginal Health & Housing Co-op Ltd (*Vic*)
  - ▶ Lake Tyers Aboriginal Trust (*Vic*)
  - ▶ Tasmania Aboriginal Centre Inc (*TAS*)
  - ▶ Njernda Aboriginal Corporation (*Vic*)
  - ▶ Mildura Aboriginal Corporation (*Vic*)
  - ▶ Murray Valley Aboriginal Co-op Ltd (*Vic*)
  - ▶ Rumbalara Aboriginal Co-op (*Vic*)
  - ▶ Winda Mara Aboriginal Corporation (*Vic*)
  - ▶ Durri Aboriginal Health Corporation Medical Services (*NSW*)
  - ▶ Bulgarr Ngaru Medical Aboriginal Corporation (*NSW*)
  - ▶ Pintubi Health Service (*WA*)
  - ▶ Biripi Aboriginal Corporation Medical Centre (*NSW*)
  - ▶ Illawarra Aboriginal Medical Service Aboriginal Corp (*NSW*)
  - ▶ Walgett Aboriginal Medical Services Co-op Ltd (*NSW*)
  - ▶ Derbarl Yerrigan Health Service (*WA*)
  - ▶ Bega Garnbirringu Health Service (*WA*)
  - ▶ Broome Aboriginal Medical Service (*WA*)
  - ▶ Geraldton Aboriginal Medical Service (*WA*)
  - ▶ Ngangganawili Aboriginal Community Health & Medical Service (*WA*)
  - ▶ Puntukurnu Aboriginal Medical Service (*WA*)
  - ▶ Paupiyala Tjarutja Aboriginal Community (*WA*)
  - ▶ Daruk Aboriginal Medical Service (*NSW*)
  - ▶ Winnunga Nimmityjah Aboriginal Health Service (*ACT*)
  - ▶ Far West Ward (*NSW*)
  - ▶ Pius X Aboriginal Corporation (*NSW*)
  - ▶ Armidale and Districts Aboriginal Medical Service (*NSW*)
  - ▶ Kambu Medical Centre (*Qld*)
  - ▶ Mutitjulu Health Service (*NT*)
  - ▶ Nganampa Health Council (*SA*)
  - ▶ Urapuntja Aboriginal Corporation (*SA*)
  - ▶ Cumeragunja Aboriginal Corporation (*Vic*)
-



Initial sites enrolled in the QAAMS Program, 1999

The Office of Aboriginal and Torres Strait Islander Health (OATSIH) purchased 32 new devices while 16 of the services already had a device. Linda Walsh and Dean Whiting from Bayer Australia were the primary industry contacts for QAAMS.



## Delivery of Initial Training, May to June 1999

For five weeks from May – June 1999, the Program Manager visited key centres in each state and delivered a full day of training to Aboriginal health workers (and allied health professionals) from each participating service. A number of Government representatives from the Department of Health and Aged Care, OATSIH and the South Australian Aboriginal Health Partnership also attended the initial training sessions. In total, 84 health professionals were trained during this initial delivery of training.





Some of the Aboriginal health workers who attended these first training sessions quickly became leaders in the program and have served the program with distinction for many years; they include:

- Kay Mundraby (Kambu, Qld)
- Richard Seden (Congress, NT)
- Anne Munzel and Barbara Day (Njernda, Vic)
- Julie Coulthard (Nunkuwarrin Yunti, SA)
- Laurie Clay (Kempsey, NSW)
- Louise Moore (Daruk, NSW)

### INITIAL FEEDBACK FROM TRAINING PARTICIPANTS PROVED POSITIVE:

*"Very well presented in a simple and easy way to understand. An important health issue of concern. Full credit to the people behind all the work etc."*

*"Training was very interesting. I liked the visual aids for description of what diabetes is. Will be using them in the future with clients."*

*"Easy to understand and thorough training. It was great to meet everyone who is participating and organising the project. Well done!"*

## Commencement of Client Testing in QAAMS

Client testing using the DCA 2000 formally commenced in the participating health services, following completion of training. Initially the Government paid for the cost of testing cartridges. A number of medical services provided positive feedback on the initial rollout of testing.

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*"This letter is to strongly support the Bayer DCA 2000 currently being used at Wuchopperen Medical Service in Cairns. The Bayer DCA 2000 has proved its worth and continues to do so... Opportunistic health care is necessary for improving ongoing management and the clients really appreciate having a result on the day. The Bayer DCA 2000 is well utilised at Wuchopperen and plays an important role in effective diabetic health management."*

*"I have found the DCA 2000 to be very user friendly. It has been a helpful tool to have. Most testing is done opportunistically in monitoring diabetics. We have encouraged 3-monthly recalls."*

*"My service is really happy with the program. It is very easy to use the machine and I feel it is providing better management for patients. The patients too are happier. I definitely want the program to continue next year and want the Commonwealth to know this."*

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An initial quarterly QAAMS newsletter was produced in August 1999 as a means of providing information updates and news items of interest to participants. The newsletter continues to be produced today.



## Quality Assurance (QA) Testing

The testing of QA samples in a point-of-care testing (POCT) program outside the laboratory setting was a world-first initiative for the QAAMS Program.

The participation rate for the first cycle of Quality Assurance testing was 92%, indicating the training messages concerning why it is important to conduct regular QA testing were understood by participants. The quality of testing was also excellent and gave the government confidence that POCT could indeed be conducted to an equivalent standard to that of the laboratory, by health workers in the QAAMS Program. Twenty years later, nothing has changed!

## Early Anecdotes from the Program Manager

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### Was Geographic Isolation a Barrier to Good Performance?

*When the program first commenced, it was considered some services that were very remote geographically or had limited resources might struggle. However this was not the case. Service #48 was by far the most isolated in the program (located in the middle of one of Australia's largest desert regions). The service received a mail delivery by plane once a week (the plane actually landed at the nearest town some several hundred kilometres away and the mail was then collected by road by a service representative). The service was connected to the outside world by a satellite phone link that regularly broke down over the previous 12 months, stranding the service from outside communication for days at a time. Power fluctuations were also common. There was only one Aboriginal Health Worker at the service. Despite these difficulties, the service returned 22/24 QA results including a complete set of 12 results for Cycle 2 and demonstrated sound analytical performance.*

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### Early Evidence of the Value of the Program

*"In September 1999, I had the opportunity to visit one of the participating services in Central Australia. While there, I took the opportunity to train four further Aboriginal health workers in the use of the DCA machine. During training, a lady came into the clinic to see the medical officer. She has some symptoms of diabetes so, while the patient was there, the doctor took the opportunity to perform an HbA1c test. Her result was 9.4%, indicating poorly controlled diabetes. The doctor sat down with the patient and told her she had diabetes. He then proceeded to use the training book we developed for the DCA program to explain to her what diabetes was, what complications the disease can cause, and what the HbA1c test we had just done told the doctor about her diabetic control.*

*I was able to see the book being used before my eyes, as well as to see the value of being able to perform the test on-site in the bush. The doctor then gave her some oral hypoglycaemic tablets for diabetes. She said she had taken them before, many years ago. The doctor checked old records and found out that she had been diagnosed with diabetes several years earlier, but had been lost to the system. The opportunistic HbA1c on the DCA had therefore alerted the clinician to a diabetic problem that could otherwise have remained untreated and ultimately resulted in long-term diabetic complications for the person."*

## QAAMS: Into the New Millennium – The Year 2000

A condition of the pilot phase of the QAAMS Program was that an evaluation of the program would be undertaken by the National Aboriginal Community Controlled Health Organisation (NACCHO).

At the conclusion of the first year of the pilot (June 2000), the Government provided funds to extend the pilot for a further six months, to December 2000, while the evaluation by NACCHO was completed.

During 2000, the program continued to gain momentum. The participation rate for quality testing remained high and the analytical quality of testing was maintained. The Government remained satisfied that HbA1c POC testing was safe and acceptable for patient care and two key developments followed:

The Commonwealth Department of Health and Aged Care confirmed that the QAAMS Program for HbA1c testing in ACCHSs would continue to be funded by the government for

a further two years, from January 2001 to December 2002 and the Commonwealth Department of Health and Aged Care's Diagnostics and Technology Branch formally assumed responsibility for the provision of funding support for the QAAMS Program during this period.

In recognition of the need for a more sustainable funding mechanism for on-going consumable costs and for the need to improve the management of diabetes in Aboriginal people, the Minister for Health, the Hon Dr Michael Wooldridge, approved the provision of a Medicare rebate for HbA1c tests conducted in an ACCHS. The rebate, effective from 1 December 2000, was available only to Commonwealth-funded ACCHSs participating in QAAMS. Under the rebate, the ACCHS was able to claim a benefit of \$14.15 per HbA1c test performed, up to a maximum of four HbA1c tests per client per year.

The introduction of the Medicare rebate was a major contributor to the QAAMS Program evolving from a pilot to mainstream health delivery for Indigenous clients with diabetes.

# QAAMS: NACCHO Evaluation and First Workshop – 2001

## Findings of the NACCHO Report

The evaluation of the QAAMS pilot program was completed by NACCHO and released in March 2001.

**Brice G, Daley L and Bellis-Smith N. From 'Major Threat' to 'Major Opportunity'? Pilot Project to Assess the Use of On-site Haemoglobin A1c Testing for Managing Persons with Diabetes (using the Bayer DCA 2000 analyser) in Australian Aboriginal Community Controlled Health Services: June 1999 to August 2000. National Aboriginal Community Controlled Health Organisation, March 2001.**

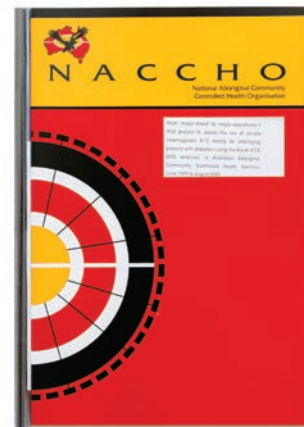
### The Executive Summary of the NACCHO report noted that:

*"This new point of care technology [the DCA 2000] seems to represent a 'major opportunity' to better care for and manage clients with diabetes and for the clients themselves to better understand its impact on their health." ...*

*"The machine served as a catalyst for communication to enhance self-management through the speedy return of results and its overall ease of use which led to health workers generally demonstrating a high level of acceptance of this new 'point of care technology.'" ...*

*"A key finding was that nearly two-thirds of services expressed ... [that the DCA] had the effect of raising the esteem of health workers in their community contexts. That is, health worker competence in using this relatively sophisticated piece of technology and the subsequent opportunity this presented for health workers and clients to work together to deal with the multiple effects of diabetes, demonstrated their communities' capacity to take control of the management of [diabetes]." ...*

*"... a sense of community control was enhanced as a result of the way in which the management of persons with diabetes became more focused within most services."*



The positive findings from the NACCHO evaluation gave the program further impetus to grow and evolve. In a further encouraging development, the analytical quality for HbA1c quality assurance testing improved during the first half of 2001, to the best it had ever been.

### THE FIRST QAAMS WORKSHOP

In the two and a half years since initial training was undertaken, there had been no opportunity to conduct re-training for health workers or train replacement staff who had not experienced the initial hands-on training for the program. A constant challenge for the program during these initial years had been a high rate of staff turnover at a number of services and the ability of participating services to maintain an adequate level of trained staff to support the program. It was recommended that a workshop be incorporated into the annual calendar of events for

The first  
QAAMS  
Workshop



the QAAMS Program and a two-day workshop was held in Adelaide at Nunkuwarrin Yunti Health Service in late November 2001.

Twenty-one people from 12 ACCHS attended the workshop that provided Aboriginal health workers with an opportunity to have face-to-face training in how to conduct client and quality testing for HbA1c on the DCA 2000. The interactive workshop also allowed the health workers to network and exchange information on the program, and learn about diabetes initiatives nationally and in each state.

Also present were representatives from the Commonwealth's Diagnostics and Technology Branch, NACCHO, Bayer Australia, OATSIH and the South Australian Aboriginal Health Partnership.

## QAAMS – 2002

Early in 2002, the QAAMS Program Management Team was bolstered by the recruitment of a new scientist, Beryl Mazzachi, to support the Program Manager. Beryl was an experienced medical scientist and assumed responsibility for the co-ordination and delivery of QAAMS training.

During 2002, the quality of HbA1c testing in QAAMS reached a new standard of excellence, with 93% participation and a high quality of testing.

In June 2002, the QAAMS contract with the Department of Health and Ageing was extended for three years from January 2003 to December 2005. With the signing of this contract:

- The eligibility criteria for participation in the QAAMS program was expanded to include State and Territory-funded Aboriginal medical services (in addition to the current ACCHS sector).
- Urine ACR point-of-care testing on the DCA 2000 (to detect early stage kidney disease) was approved as part of the QAAMS Program.

The second Annual QAAMS Workshop was held in Adelaide from 19-20 September 2002. Nineteen people from 14 Aboriginal Community Controlled Health Services attended the workshop.



Beryl Mazzachi  
(right) delivering  
QAAMS training





Government representatives also attended the workshop and Jonathon Wraith from the Pathology Section of the Commonwealth Department of Health and Ageing announced details of the new urine ACR component of the QAAMS Program at the workshop. The urine ACR program would commence in 2003 and be initially limited to 30 sites. The Commonwealth would provide a set allocation of urine ACR testing cartridges for each site, which would enable their clients with diabetes to be monitored for urine ACR twice per year. The government would also fund the supply of urine ACR QA kits for participation in the new program.

#### 2nd Annual QAAMS Workshop

A further regional workshop was held in Melbourne on 9-10 December 2002, specifically for Victorian participants in QAAMS. This was deemed necessary because the number of Medicare claims for HbA1c testing from Victorian sites was the lowest on a state-by-state basis and there had been no representation from Victoria at either of the two annual workshops held for participants since 2001.

#### 2nd Annual QAAMS Workshop





## QAAMS – 2003

### QAAMS HbA1c Program

The total number of QAAMS HbA1c participants reached 50 for the first time in 2003, with the recruitment of nine new sites in the first half of the year.

The new sites included the Cairns Diabetes Centre, Weipa Hospital and Seisia Community Health. These three sites would form part of a regional Cape York network of QAAMS sites under the guidance of Dr Ashim Sinha from the Cairns Diabetes Centre who was responsible for delivery of diabetes services to Aboriginal communities throughout both mainland Cape York and the Torres Strait. Dr Sinha would become an ambassador for the QAAMS Program across Queensland for the next decade, along with the principal POCT operator at the Cairns Diabetes Centre, Andrea Field, who has been a long-term and active proponent of the program for the past 15 years.

Andrea Field and Mark Shephard



## QAAMS Urine ACR Program

To commence the QAAMS Urine ACR Program, a one-day workshop was held on 14 February 2003 at Nunkuwarrin Yunti, in Adelaide.

The Government funded the attendance of a representative from each of the 30 participating services who enrolled in the new program.

### LIST OF INAUGURAL URINE ACR QAAMS PARTICIPANTS:

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- ▶ **Miwatj Health Aboriginal Corporation** (*NT*)
  - ▶ **Tullawon Health Service Inc** (*SA*)
  - ▶ **Wuchopperen Medical Service Ltd** (*Qld*)
  - ▶ **Mamu Medical Service LTD** (*Qld*)
  - ▶ **Kambu Medical Centre** (*Qld*)
  - ▶ **Bidgerdii ATSIC Community Health Service** (*Qld*)
  - ▶ **Nunkuwarrin Yunti Inc** (*SA*)
  - ▶ **Port Lincoln Aboriginal Medical Services Inc** (*SA*)
  - ▶ **Umoona Tjutagku Health Services Inc** (*SA*)
  - ▶ **Ceduna/Koonibba Health Service Inc** (*SA*)
  - ▶ **Gippsland & East Gippsland Aboriginal Medical Centre** (*Vic*)
  - ▶ **Bunurong Health Service** (*Vic*)
  - ▶ **Central Gippsland Aboriginal Health & Housing Co-op Ltd** (*Vic*)
  - ▶ **Njernda Aboriginal Corporation** (*Vic*)
  - ▶ **Murray Valley Aboriginal Co-op Ltd** (*Vic*)
  - ▶ **Bulgarr Ngaru Medical Aboriginal Corporation** (*NSW*)
  - ▶ **Pius X Aboriginal Corporation** (*NSW*)
  - ▶ **Biripi Aboriginal Corporation Medical Centre** (*NSW*)
  - ▶ **Daruk Aboriginal Medical Service** (*NSW*)
  - ▶ **Illawarra Aboriginal Medical Service** (*NSW*)
-

- ▶ Marri Ma Primary Health Care Service (NSW)
- ▶ Derbarl Yerrigan Health Service (WA)
- ▶ Bega Garbiringu Health Service (WA)
- ▶ Geraldton Aboriginal Medical Service (WA)
- ▶ Ngangganawili Aboriginal Community H & Med Serv (WA)
- ▶ Puntukurnu Aboriginal Medical Service (WA)
- ▶ Tjuntjuntjara Health Service (Now Spinifex Health Service) (WA)
- ▶ Yulu-Burri-Bar Aboriginal Corporation for Community Health (Qld)
- ▶ Riverland Regional Health Service (SA)
- ▶ Meningie and Memorial Districts Hospital (SA)



Participants at the 2003 QAAMS Urine ACR Workshop

## QAAMS Annual Workshop 2003

In July 2003, the Annual QAAMS Workshop was held outside of Adelaide for the first time – at the Centre for Remote Health, Alice Springs. The workshop encompassed training for both the QAAMS HbA1c and Urine ACR Programs. Twenty one people representing 12 services attended the workshop. Alison Halfnights represented Bayer Australia and John Bacon attended on behalf of the Diagnostics and Technology Branch of the Commonwealth Department of Health and Ageing.

In a new initiative for the QAAMS Program in 2003, each participant received a Certificate of Competency for the first time as an approved operator of the point-of-care Bayer DCA 2000 analyser following a practical test and a written assessment. A register of certified operators was created and competency assessment and certification has been embedded in the QAAMS Program ever since.

At this workshop a logo for the QAAMS Program was launched. The logo was designed by James Baban, the Indigenous Policy Officer for Medicare Australia.



QAAMS Workshop 2003

It had become clear to the QAAMS Management team that the Annual Workshops were reinvigorating and re-stimulating Aboriginal Health Worker's enthusiasm for the program; they also provided an excellent forum for networking and making everyone feel they were truly part of a national program and not just working in isolation back at their health service.



James Baban



Anne Shephard



## FIRST PUBLICATIONS ON QAAMS

Shephard MDS and Gill J. Results of an Innovative Education, Training and Quality Assurance Program for Point-of-Care HbA1c Testing using the Bayer DCA 2000 in Australian Aboriginal Community Controlled Health Services. *Clinical Biochemist Reviews* 2003; 24: 123-131.

Shephard MDS and Mundraby K. Assisting diabetes management through point-of-care HbA1c testing – the 'QAAMS' program for Aboriginal health workers. *Aboriginal and Islander Health Worker Journal* 2003; 27 (4): 12-18.

Anne Shephard joined the QAAMS team in July 2003. Anne was an experienced medical scientist who had a strong understanding of pathology testing in general and point-of-care testing specifically.

## QAAMS – 2004

Seven new sites enrolled in the QAAMS HbA1c Program in the first half of 2004: the Great Southern Family Futures Program, Albany, WA; Casino AMS, Casino, NSW; Kalwun AMS, Gold Coast, Qld; Goondir AMS, Toowoomba, Qld; Gulf Health Service, Borooloola, Qld; Ltyentye Apurte, Santa Teresa, NT and Ramahyuck AHS, Sale, Vic.

Several key operators from these services including Joanne Cooper (Casino), Cheryl Sidholm (Kalwun) and Anne-Marie Thomas (Goondir) became long-term stalwarts of the QAAMS Program; as did Shirley Cornelius (Great Southern Family Futures) and Dr Alex Hope (Santa Teresa).

Across 2003-2004, the Bega Garribirringu Health Service (WA), the Port Lincoln Aboriginal Health Service (SA), and Aboriginal health services in regional centres in Meningie and the Riverland (SA), worked closely with the Program Manager to provide the first evidence for the operational and clinical benefits of QAAMS at the health service level. Community acceptance of POCT was high among key stakeholder groups (doctors, Aboriginal POCT operators and diabetes clients) who were interviewed and surveyed, and statistically significant reductions in HbA1c were seen in Type 2 diabetes patients.

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**Shephard M, Mazzachi B, Shephard A, Burgoyne T, Dufek A, Ahkit J, Mills D and Dunn D. Point-of-care testing in Aboriginal hands – a model for chronic disease prevention and management in Indigenous Australia. Point-of-Care: The Journal of Near-Patient Testing and Technology 2006; 5: 168-176.**

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Tony Burgoyne

It was during this time that Tony Burgoyne became the principal POCT operator for QAAMS at the Port Lincoln Aboriginal Health Service (PLAHS). Tony was a leader and a role model for the QAAMS Program, committed and dedicated to helping his community members with diabetes to improve their lifestyle and reduce their risk of complications from the disease. Tony was a major contributor to QAAMS, along with health



Sandy Wilson

programs manager Angela Dufek and clinician Dr David Mills, and their efforts saw PLAHS become widely acknowledged as a centre of excellence for QAAMS.

Sandy Wilson provided similar drive and leadership of the program from her Meningie base, while Peggy Giles, Muriel Fewquandie and Regina Williams became QAAMS champions in the Riverland.



QAAMS  
Workshop  
2004





## QAAMS Workshop 2004

The 2004 Annual QAAMS Workshop was held at the Centre for Remote Health in Alice Springs in July. Twenty eight participants attended the workshop, which encompassed both the QAAMS HbA1c and Urine ACR Programs. Liz White [Regional Liaison Manager, NT] and James Baban [Senior Indigenous Policy Officer] represented the Health Insurance Commission for the first time at a workshop and discussed aspects of the Medicare rebate claiming process for HbA1c. Presentations about the use and application of the QAAMS HbA1c program were delivered by the Port Lincoln, Riverland and Nunkuwarrin Yunti (SA), Bega (WA), Goondir and Townsville (Qld) Aboriginal medical services.

## Major Survey regarding Cultural Acceptability of QAAMS 2004

During mid-2004, a series of questionnaires were prepared for current QAAMS HbA1c participants, aimed specifically at determining satisfaction levels among:

- doctors (who were using POC HbA1c results for the management of clients with diabetes),
- Aboriginal health workers and allied health professionals (who were responsible for conducting on-site POC HbA1c testing on the DCA 2000 at their service) and
- clients with established diabetes (who were the consumers of the POC HbA1c testing service being used for the management of their diabetes).

There was an overwhelmingly positive response towards the QAAMS Program and POC HbA1c testing across all three groups surveyed.

## QAAMS – 2005

A total of 60 sites were enrolled in the QAAMS Program at the start of 2005.

The Program Manager travelled extensively in 2005 to deliver training to Aboriginal health workers from South Australia, Tasmania, Northern Territory and Western Australia. A mini-QAAMS Training Workshop was held in Adelaide in mid-June 2005, where training was conducted for health workers from both existing and new QAAMS sites from South Australia, New South Wales, Northern Territory and Victoria.

The Wheatbelt Public Health Unit in regional WA and Derbarl Yerrigan (Perth, WA) were key new sites to join the QAAMS Program in the second half of 2005. The team from the Wheatbelt in particular became a leading service within QAAMS and produced some of the most outstanding contributors to the QAAMS cause in coming years.

The 2005 Annual QAAMS Workshop was again held at the Centre for Remote Health, Alice Springs in October. Thirty six

participants from 27 Aboriginal and Torres Strait Islander medical services attended the workshop. The large attendance was facilitated by the Department of Health and Ageing agreeing to make available unspent funds from the QAAMS travel budget to support selected persons to attend the workshop.

QAAMS Workshop 2005



A new method of testing, recording and interpretation of QC results, planned for a 2006 introduction and aligned to the coloured 'traffic light' system, was showcased to participants for the first time at the workshop.

By the end of the 2005 contract period, a substantial body of evidence had been gathered to verify that the QAAMS Program:

- had been well-accepted by clinicians, Aboriginal health workers and clients with diabetes
- provided a convenient, accessible, culturally and clinically appropriate service
- had changed the way the health care was delivered for people with diabetes in many services
- had resulted in improved health outcomes for both individual clients and groups of clients with diabetes
- delivered point-of-care HbA1c testing on the DCA 2000 that was analytically sound in Aboriginal hands and met national and international performance goals for the test
- worked effectively, and was adaptable, across services in urban, rural and remote locations and in Aboriginal health services with small, medium and large infrastructures and
- was transferable to POC pathology tests, other than HbA1c, with the introduction of the urine ACR test to the QAAMS Program.

## QAAMS – 2006

In December 2005, the QAAMS Program received a 3.5 year extension of funds (from the Australian Government's Pathology Section within the Diagnostic and Technology Branch) to continue the program to July 2009. Some key objectives of this new contract were:

- to establish and maintain a QAAMS Program Management Group (QPMG) to co-ordinate and control the conduct of the project
- to develop mechanisms to foster and encourage greater Aboriginal leadership and expertise within the project
- to increase participation rate of AMSs and ACCHSs in the Program (ideally to a maximum of 100 services)

By December 2006, 66 health services were enrolled in the QAAMS Program.

### QAAMS Program Management Group

The QAAMS Program Management Group (QPMG) was formed in early 2006 and met for the first time on 10 May 2006. The QPMG has now met quarterly (52 times) to date. The QPMG comprised the following personnel across 2006 to 2009:

- QAAMS Program Manager (Chair)  
(Dr Mark Shephard, Flinders University)
- QAAMS Training Coordinator  
(Beryl Mazzachi, Flinders University)
- RCPA Quality Assurance Programs (Janice Gill)
- QAAMS Leaders Team (Kay Mundraby)
- Bayer Australia  
(Alison Halfnights, National Customer Service Manager)
- Medicare Australia (Liz White) and
- Clinical Support Officer (Dr David Dunn).




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*Dr David Dunn (former Medical Director at Bega Garbarringu Health Service, Kalgoorlie WA and now at Nunkuwarrin Yunti of SA, Adelaide SA), was appointed as the QAAMS Clinical Support Officer in March 2006, a role he has held for 13 years. The Clinical Support Officer provides clinical advice to*

*doctors and health professionals from participating sites on the appropriate clinical use and clinical value of the HbA1c and urine ACR tests. In addition, David has actively contributed to QPMG meetings, resources, workshops and newsletters, and has been well respected by all QAAMS participants.*

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## Development of a QAAMS Indigenous Leaders Team

The objective of fostering and encouraging greater Aboriginal leadership and expertise within the program was addressed through the formation of the QAAMS Leaders Team in May 2006, which proved unquestionably to be one of the most important new initiatives since the program began.

### **The overarching charter of the QAAMS Leaders Team was:**

- to advise on the cultural appropriateness of all aspects of the QAAMS Program
- to provide an on-going Indigenous viewpoint and perspective on all aspects of the QAAMS Program
- to act as cultural ambassadors for the QAAMS Program with authority for leadership within their state.

*Inaugural QAAMS Leaders Team; Louise Moore, Kay Mundraby, Tony Burgoyne, Alison Woods, Shirley Best*

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A person of Aboriginal or Torres Strait Islander descent, who had shown interest and commitment to QAAMS, was selected to represent each state/territory. The inaugural Leaders Team comprised:

- Kay Mundraby (Qld Leader and Chair of the Leaders Team),
- Tony Burgoyne (SA),
- Alison Woods (WA),
- Shirley Best (Vic/Tas),
- Louise Moore (NSW).

The QAAMS Leaders Team met face-to-face for the first time on 5 October 2006 in Alice Springs. Key outcomes from this first Leaders meeting were the development of a Mission Statement for QAAMS and a Terms of Reference document.



## THE QAAMS MISSION STATEMENT:

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*To provide culturally appropriate and clinically effective diabetes management to Aboriginal and Torres Strait Islander people through the use of Point-of-Care Testing (POCT) for HbA1c and urine ACR that is conducted under a quality management framework.*

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All inaugural Leaders completed a 3-year term from the beginning of 2006 to the end of 2008.

The current QAAMS Leaders Team now have an integral role in:

- assessing training resources for their cultural safety,
- assisting with regional training visits by the primary QAAMS Training team, and
- delivery of the annual QAAMS Workshop through program development, assisting training and delivering core sessions and presentations.



## QAAMS Training and Workshop 2006

The Annual two-day QAAMS Workshop for 2006 was held at the Centre for Remote Health, Alice Springs in June. Fifty one participants from 35 services attended the workshop. The inaugural QAAMS Leaders Team was funded to attend the 2006 QAAMS Workshop. The Leaders assisted with the practical training session for HbA1c and facilitated an open discussion session with health workers who did not need practical ACR training. Tony Burgoyne and Alison Woods also delivered oral presentations on diabetes and the QAAMS Program. Participants completed a short questionnaire on the workshop, with responses indicating very high levels of satisfaction with the workshop.





QAAMS Workshop 2006

In a new innovation in 2006, training by video conference was conducted for the newly-enrolled Walgett Aboriginal Medical Service on 11 May, through a video link between Flinders Medical Centre and the Walgett Hospital.

## Medicare Rebate for Urine ACR testing in QAAMS

In June 2006, the Federal Minister for Health (Hon Tony Abbott) approved a Medicare rebate for urine ACR testing conducted by Aboriginal medical services participating in the QAAMS Program. This rebate allowed for a maximum of four urine ACR tests per year to be conducted on each Indigenous client with diabetes and ensured urine ACR testing would be cost neutral for participating services, a major step forward for the sustainability of the program.



## PUBLICATIONS

**Shephard M. Cultural and clinical effectiveness of the 'QAAMS' point-of-care testing model for diabetes management in Australian Aboriginal medical services. *The Clinical Biochemist Reviews*. 2006;27:161-70.**

**Shephard MDS, Gill JP. The analytical quality of point-of-care testing in the 'QAAMS' model for diabetes management in Australian Aboriginal medical services. *The Clinical Biochemist Reviews*. 2006;27:185-90.**



## QAAMS – 2007

### The QAAMS Management Team grows

The QAAMS Management team expanded in 2007 when Administrative Assistants Pauline Rudevics and Cheryl Marshall and Research Assistant Heather Halls joined the team.

### QAAMS Workshop 2007

The 2007 QAAMS Training Workshop was held in Alice Springs in August. A record number of QAAMS participants attended the workshop (79 participants from 46 services).

Participant feedback again indicated the workshop had been successful.

#### Highlights of the workshop included:

- presentations from the current Presidents of Diabetes Australia and the Australian Diabetes Educators Association
- an interactive role-play session by the QAAMS Leaders Group on 'Working with my Diabetes Clients'



Pauline Rudevics



Cheryl Marshall



Heather Halls

- presentations by the QAAMS Clinical Support Officer Dr David Dunn on the clinical use of HbA1c and ACR, as well as a selected case study discussion
- an inspiring presentation by Sarah Brown from the Western Desert Dialysis team, which told of the achievements of the Kintore Aboriginal community, through the use of arts-in-health, in establishing their own home dialysis program for community members with chronic kidney disease.



## Website for QAAMS

A new website for the QAAMS program ([qaams.org.au](http://qaams.org.au)) was launched, in the presence of Government representatives Pamela McKittrick and Robert Walsh, at the QAAMS Workshop on 8 August 2007.

The website featured two main sections: a General Section, which catered for general enquiries from organisations/individuals interested in learning more about QAAMS or considering joining the program, and a section accessible to QAAMS participants only.

A full presentation of training was made available through the website. This was a major advance in the delivery of training as participants were now able to access training around the clock. Sites with training needs who may have otherwise had to wait for an on-site or regional training session could now access training immediately.

Short video clips were produced for both HbA1c and ACR training; the clips took the participant through the theory and practice of POCT on the DCA 2000 and featured demonstrations of how to perform patient and QC/QA testing.



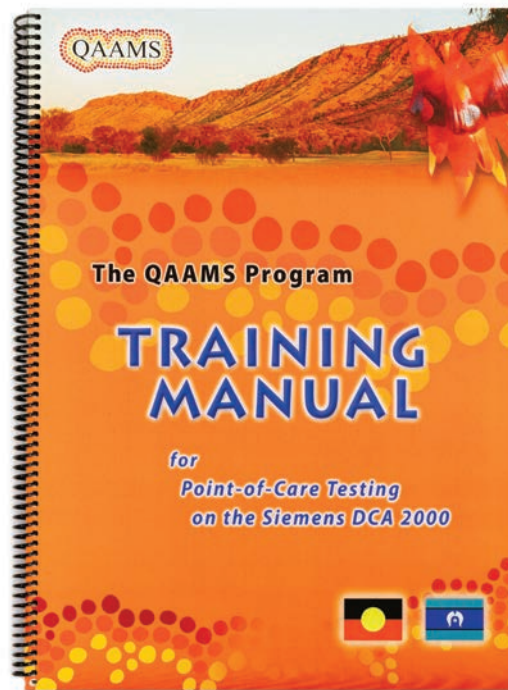
QAAMS Workshop 2007

## Other Developments During 2007

Bayer Australia formally became part of Siemens HealthCare Diagnostics in 2007.

## ENROLMENT IN THE QAAMS PROGRAM

By the end of 2007, 82 health services (across 90 sites using 98 DCA 2000 devices) were now enrolled in the QAAMS HbA1c program, with 66 services (73 sites and 78 DCA 2000s) in the urine ACR program.



QAAMS Training Manual 2008

## QAAMS – 2008

### QAAMS Sets New Benchmarks for the Delivery of Training for POCT in Australia

A new QAAMS Primary Training Manual was distributed to all QAAMS sites in April 2008. For the first time, participants had a single training manual which covered both HbA1c and urine ACR training. There was considerable input into the content and cultural appropriateness of the new manual from the QAAMS Leaders Team. It was designed by the Media and Illustration Department at Flinders Medical Centre.

For those participants who had difficulty accessing the internet, a DVD presentation of QAAMS training for both HbA1c and urine ACR was produced and distributed to all services in May 2008. The option of obtaining competency certification on-line for both new participants and those requiring a competency update was made available to QAAMS participants in September 2008.

By 2008, the QAAMS Program had revolutionised the delivery of training for POCT within Australia, with the advent of web-streamed video and on-line competency procedures.

### Campbell Research and Consulting Independent Evaluation of QAAMS

An independent mid-term review of the QAAMS Program was conducted by Campbell Research & Consulting (CRC) on behalf of the Department of Health and Ageing. The CRC review team met with the QAAMS Program Manager, interviewed a range of key stakeholders and interested parties from within and outside the QAAMS Program, and conducted field visits to two QAAMS sites in Queensland and South Australia.

An evaluation report was lodged with the Government and a meeting to discuss key findings of the evaluation was held in Canberra in November 2008.

## KEY STATEMENTS CONTAINED IN THE CRC EVALUATION REPORT:

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*"The QAAMS model is firmly rooted in accepted approaches to Aboriginal healthcare. QAAMS has consistently maintained a high level of cultural appropriateness and acceptability . . ."*

*"Aboriginal health professionals and clients alike hold QAAMS in high esteem."*

*"The program has always been very consultative and culturally sensitive and empowering; those are the things that have made it such a success."*

*"All sources of evidence suggest that QAAMS is meeting best practice standards in the areas of Indigenous healthcare, diabetes management and Point of Care testing."*

*"QAAMS is one of the few programs to successfully navigate the cultural complexities and potential pitfalls of chronic disease management in Indigenous communities."*

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John Loudon, Mark Shephard, Dr Vinod Daniel, Malcolm Auld,  
Heather Halls and Beryl Mazzachi in Alice Springs.

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## Recruitment of NT Services Sees QAAMS Reach the '100' Target

Through a new partnership with the Northern Territory Government Department of Health and Families, 24 remote health services from the Territory were recruited to the QAAMS Program and commenced their participation in QAAMS from July 2008.

The Program Manager worked closely with Dr Vinod Daniel (Senior Rural Medical Practitioner, Top End Remote Health), John Loudon (Professional Practice Coordinator, Central Australia Remote Health), Kacy Kohn (Professional Practice Coordinator, Top End Remote Health) and Malcolm Auld (Professional Practice Nurse, Central Australia Remote Health) to facilitate the recruitment of the NT services. The co-operation and commitment of the NT team in bringing these sites into QAAMS was outstanding.

Forty three NT health professional staff and 19 NT Department of Health and Families resource staff were trained by the QAAMS scientific team as POCT operators, in a series of regional workshops held across August and September in Alice Springs, Gove and Darwin.

The introduction of the NT contingent of health services brought the number of services enrolled in QAAMS beyond the 100 mark for the first time and, by the end of 2008, there were 109 Aboriginal medical services enrolled in QAAMS HbA1c Program.

QAAMS Workshop 2008



## QAAMS Workshop 2008

Seventy five participants from 45 services attended the 2008 QAAMS Workshop, held in Adelaide in October. A highlight of the workshop program was a session by the QAAMS Leaders Team describing their personal perspectives on what it means to be a QAAMS Leader. A core session on the theme 'Managing Diabetes and its Complications', was also delivered by Dr Pat Phillips, Olivia Corso from Kidney Health Australia and Dr Stewart Lake. Kidney Health Australia, Diabetes Australia, the Australian Diabetes Educators Association and pharmaceutical company Sanofi Aventis had a trade display at the workshop.





A traditional Welcome to Country and a dance performance given by local elder Major Sumner were cultural highlights.

## Changes at Siemens During 2008

Siemens announced the DCA 2000 was to be superseded by a new updated version of the instrument called the DCA Vantage.

The DCA Vantage was launched in Australia during the first quarter of 2008. To facilitate the transition to the DCA Vantage for QAAMS participants, Siemens offered significantly discounted pricing for the changeover.



DCA Vantage

## QAAMS – 2009

In 2009 enrolments in the HbA1c Program had increased to 129.

### Changes to Membership of QAAMS Leaders Team

Most of the original QAAMS Leaders completed their three year term at the start of 2009. Kay Mundraby (Qld), Tony Burgoyne (SA), Alison Woods (WA) and Louise Moore (NSW) stepped down from their roles.

Shirley Best stood again as Vic Leader and was initially appointed Chair of the Leaders Group. A new Leaders Group (established during the first half of 2009) comprised:

- Shirley Best (continuing as Vic Leader and initially Chair of the Leaders Team),
- Christopher O'Brien (NSW Leader),
- Trevor Garlett (WA Leader),
- Rose Mathieson (Qld Leader) and
- Sandy Wilson (SA Leader).



Rose Mathieson, Trevor Garlett, Sandy Wilson, Shirley Best, Christopher O'Brien

The QAAMS Leaders Team Terms of Reference document was amended in October 2009 to reflect the changing responsibilities of Leaders, while the concept of having a Deputy Leader for each State also came to fruition in 2009, with Louise Moore (NSW), Gary Giles (Vic) and Malcolm Gertz (Qld) appointed to this role.

### Training of Device Operators in QAAMS

Two major regional workshops took place in the first half of 2009. The first was in Cairns, Queensland in May and the second



Louise Moore



Gary Giles (left)



Malcolm Gertz



QAAMS Workshop 2009

regional training workshop was held in Kalgoorlie, WA in June. Forty device operators from 16 Aboriginal medical services were trained and received competency certificates at these regional training sessions.

## 2009 QAAMS Workshop

The 2009 QAAMS Workshop was again held in Adelaide, in October. The workshop was attended by 76 participants, representing a total of 44 services. Government funding enabled the QAAMS Management Team to support the attendance of participants from services with immediate training needs. This funding also provided support for speakers

from QAAMS services who showcased how the QAAMS Program was assisting the management of clients with diabetes at their services.

## Further Extension of Government Funding for QAAMS

On 2 June 2009, the Australian Government extended its funding commitment to QAAMS to 31 July 2013. With the signing of this contract, approval was given to expand the number of participating services conducting both HbA1c and urine ACR testing to a maximum of 170.

Christopher O'Brien

## QAAMS – 2010

### The QAAMS Leaders Team

In mid-2010, Shirley Best stepped down as Chair of the QAAMS Leaders Team and was replaced by Christopher O'Brien from the Illawarra Aboriginal Medical Service.

Christopher has continued in his role as Chair of the Leaders Team to the present time and has been a vibrant and passionate member of the Leaders Team at all times. His contribution to the Leaders Team is gratefully acknowledged.

Trevor Garlett from the Southern Wheatbelt Primary Health Services, Narrogin became the new WA Leader in early 2010. He remained in that role until October 2019.

Malcolm Gertz, from the Midin Health Service in Cairns replaced Rose Mathieson as the Qld Leader in the second half of 2010.



Trevor Garlett



## Expansion of the QAAMS Program in Queensland

In early 2010 the Aboriginal and Torres Strait Islander Branch of Queensland Health approached the QAAMS Program Manager with a view to providing QAAMS with funds for the purchase of 40 new DCA Vantage devices for use in Queensland Health services. This enabled the QAAMS Program to grow and expand considerably within Queensland. With the support of the Australian Government, a contract between Queensland Health and QAAMS was formally signed on 2 September 2010.

Bridgit McAteer was subsequently employed to manage the rollout of DCA Vantage devices in Queensland (and later became the National QAAMS Training Coordinator following the retirement of Beryl Mazzachi in 2015).

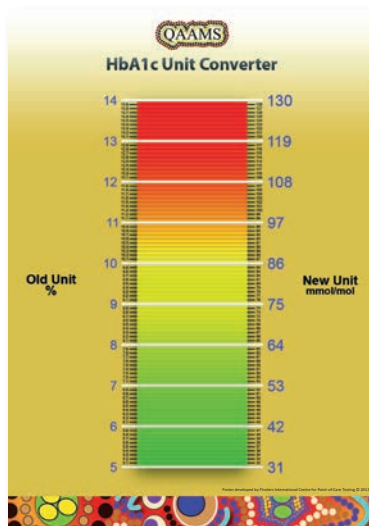
Brooke Spaeth, a new graduate, had also joined the QAAMS Management Team in January of 2010.



Bridgit McAteer



Brooke Spaeth



HbA1c Unit  
Converter

To facilitate the smooth transition to new HbA1c reporting units for QAAMS participants, the QAAMS Leaders Team worked with the QAAMS scientific team to develop a culturally appropriate resource for this purpose. In addition, an electronic HbA1c unit converter was made available on the QAAMS website.

QAAMS Artwork by Jasmine Sarin

## New Reporting Units for HbA1c

In 2010, the International Federation of Clinical Chemistry (IFCC) recommended that a new measurement system for HbA1c be adopted by all countries of the world, to make it easier to directly compare HbA1c results from different methods across the globe.



## QAAMS Artwork

A new piece of artwork to represent QAAMS and to be used to promote the program was commissioned in 2010. Christopher O'Brien (National and NSW/ACT Leader) recommended contemporary Aboriginal artist Jasmine Sarin from Illawarra (NSW) for this task. The completed artwork was launched at the 2011 QAAMS Workshop.





*"Diabetes has a long history in Aboriginal Health. This artwork shows how people and places support each other in health and how healing is not just reliant upon the individual but rather upon the networks of the individual; whether it be family, friends, work, or programs. Healing is everyone's business. That's what Aboriginal health is founded upon. Community is the backbone to developing any programs around health and quality of care and as such is the centre of this artwork. Connecting from this backbone are the Aboriginal Community Controlled Health Services that provide support, promote wellbeing and are often the first point of call for healing. When we are ill the various systems in our bodies respond together, they work collaboratively. In our communities we often collaborate with other agencies and organisations to effectively address health problems, this is the basis for the Quality Assurance for Aboriginal and Torres Strait Islander Medical Services (QAAMS) Program which provides point of care testing for Aboriginal and Torres Strait Islander people with Type 2 diagnosed diabetes. This support network is shown in the form of meeting circles and clusters of circles surrounding the meeting place. Amongst all of this are the healing places which are surrounded and protected by networks in the community. These connect to everything in the artwork which builds strength, support and unity for better Aboriginal health."*

## QAAMS Workshop 2010

The Annual QAAMS Training Workshop for 2010 was held in Adelaide in July. The workshop was attended by 78 participants who came from 49 services. Participants took part in a wide variety of sessions led by members of the QAAMS Management Group, the QAAMS Leaders Team and invited speakers. Dr Pat Phillips, Director of the Diabetes Outreach Centre in SA spoke on “Starting your Clients on Insulin” and Dr Colin Edean, a dentist who has provided dental services to Aboriginal communities in SA and WA, spoke on “Oral Health and Diabetes”.



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*“I would like to sincerely thank QAAMS for the opportunity to attend their annual workshop in Adelaide in July 2010. As a new user of the DCA 2000, I found the lectures and the hands on workshops extremely informative and useful. For me they filled many of the “gaps” in my knowledge as I tried to return the machine (which had been placed in a cupboard since the last operator left the service in the isolated community in which I work) to use. The device is now up and running and providing valuable immediate results in the isolated community of Balgo on the edge of the desert where there are only weekly air services (weather permitting)!”*

— Karen Warner-Jones, registered nurse, Balgo, Kimberley, WA

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## Input of QAAMS into Government Forum on Improving Access to Pathology Tests

Christopher O'Brien, Sandy Wilson and Trevor Garlett also participated in the Australian Government's post QAAMS Workshop meeting entitled "Can Aboriginal and Torres Strait Islander people get the pathology tests they need to look after their own health?" held on 23 July 2010. This meeting was designed to provide discussion and feedback to the Government on barriers and issues affecting the delivery of general pathology services for Aboriginal and Torres Strait Islander health services. Organised by Debbie Stanford and Robert Walsh from the Pathology Section of the Department of Health and Ageing, the open meeting was attended by 25 QAAMS Workshop participants, representing clinical staff, nurses and Aboriginal health workers.

## PUBLICATIONS

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**Shephard MDS and Gill J. The national QAAMS Program – A practical example of POCT working in the community. Clinical Biochemist Reviews 2010; 31: 95-99.**

**Gill J and Shephard MDS. The conduct of quality control and quality assurance testing for POCT outside the laboratory. Clinical Biochemist Reviews 2010; 31: 81-84.**

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## QAAMS – 2011

In 2011 163 devices were enrolled in the QAAMS Program.

### Change to QAAMS Management Structure

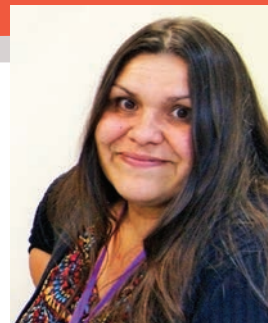
After 14 years in the full-time role of QAAMS Program Manager, Mark Shephard reduced his time commitment as Manager from 1.0FTE to 0.5FTE in July 2011. A QAAMS Program Assistant Manager position was created and the successful applicant, Anne Shephard, commenced in this role in July 2011. Anne remains in this position to the present time.

### QAAMS Leaders Team

In June Jody Croft from Murray Districts Aboriginal Services joined the Leaders Team as Vic/Tas Leader, replacing Shirley Best. Clifford Taylor from the Borroloola Health Service was appointed as the first ever QAAMS Leader for the Northern Territory, in August 2011.



Clifford Taylor



Jody Croft

### QAAMS Workshop 2011

The Annual QAAMS Training Workshop for 2011 was held in Adelaide in August. Eighty five participants from a total of 56 health services attended. In the Presentations from Participants session, attendees heard Jeni Stubbs from Miwatj Aboriginal Health in Nhulunbuy, NT, Bernadette Heenan from Apunipima Cape York Health Council, Qld and Michelle Gray from Mildura Aboriginal Health Service, Vic, speak about their diabetes services and how the QAAMS Program was assisting their clients. Continuing with the theme Managing Diabetes and Complications, Dr Lucie Walters, a rural obstetrician and medical educator, gave an informative presentation on gestational diabetes, including how it arises and how to best manage clients with this condition.



Concurrent sessions included the QAAMS Leaders Group, the Diabetes Conversational Map Kit run by Eli Lilly, a Trade Display, a Quality Testing Discussion and sessions on the DCA Vantage Connectivity Package and the Implementation of New Reporting Units for HbA1c in Australia.

## Clinical Outcomes Assessment

Remote health services within the Northern Territory had now become a focus for the collection and analysis of diabetes outcomes studies. With the support of Steve Schatz (NT Professional Practice Nurse from Remote Health, Top End), data on all POC HbA1c and urine ACR tests performed in NT QAAMS sites was collected across the period July 2009 to April 2011.

### A SUMMARY OF THE KEY FINDINGS INCLUDED:

- After POCT was available there was a 2.7% reduction in HbA1c, indicating significant improvement in glycaemic control.
- Results took an average of 42 hours to be returned from the laboratory to the health service in the 15 months before POCT, but were available in just 6 minutes post POCT.
- Before POCT, patients took 24 days on average to return to the health centre for a follow-up visit to receive their laboratory results and have a consultation with their doctor; in contrast patients were able to immediately see the doctor with their results after the introduction of POCT.

These findings highlighted the operational (and clinical) effectiveness of POCT and its critical role in assisting to improve diabetes management.

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**Spaeth BA, Shephard MDS, Schatz S. Point-of-care testing for haemoglobin A1c in remote Australian Indigenous communities improves timeliness of diabetes care. Rural and Remote Health 14: 2849. (Online) 2014. Available: [www.rrh.org.au/artides/printviewnew.asp?ArtideID=2849](http://www.rrh.org.au/artides/printviewnew.asp?ArtideID=2849)**

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Lara Motta

## QAAMS – 2012

Enrolments increased to 168 by December 2012 and new graduate Lara Motta joined the Management Team in January 2012.



### QAAMS Leaders Team

During 2012 Deputy Leader Jharrad Simpson replaced Jody Croft as the Vic/Tas Leader and WA Leader Trevor Garlett returned to the Leaders Team after a brief absence.

### QAAMS Workshop 2012

The 2012 workshop was again held in Adelaide in July. Eighty one participants from a total of 48 health services attended the workshop.

Yvette Kruger, Simon Vale and Rosie Scrimizzi (from Siemens HealthCare Diagnostics) and Malcolm Auld (NT Dept of Health, Remote Health Branch) also attended the workshop. Tenealle Lavender represented Medicare Australia and arranged for the attendance of selected Indigenous Medical Liaison Officers (IMLOs). Belinda Roberts (Chronic Disease Programs Section, Healthy Living and Chronic Disease Programs Branch) attended



QAAMS Leaders Team 2012; Malcolm Gertz, Christopher O'Brien, Sandy Wilson, Trevor Garlett, Clifford Taylor, Jharrad Simpson

the workshop representing the Australian Government Department of Health and Ageing.

Dr Konrad Pesudovs from the Flinders University Department of Ophthalmology was a guest presenter and talked about diabetic eye disease and demonstrated the use of a retinal camera. The opportunity to see the camera and have a "hands-on" experience with it was much appreciated by all present. David Dunn and Jane Giles (diabetes educator) delivered an interactive session on educating and assisting clients in the years following diagnosis with diabetes. Following the workshop, a Post Workshop Leaders Meeting was held for the first time. This was attended by Leaders Christopher O'Brien, Malcolm Gertz, Jharrad Simpson, Sandy Wilson and the Program Manager and Assistant Manager. The Leaders provided feedback to the QAAMS Management Team regarding all aspects of the workshop and made suggestions for possible presentations at future workshops.



## QAAMS Brochure

The QAAMS Leaders Team worked with the QAAMS Management Team to produce a promotional brochure for the QAAMS Program specifically targeted at the Aboriginal and Torres Strait Islander health service sector. The brochure, available in hard copy and electronic format, was completed in early June 2012 and distributed to all participants at the 2012 QAAMS Workshop and to all services who subsequently enquired about the QAAMS Program over the following two years.

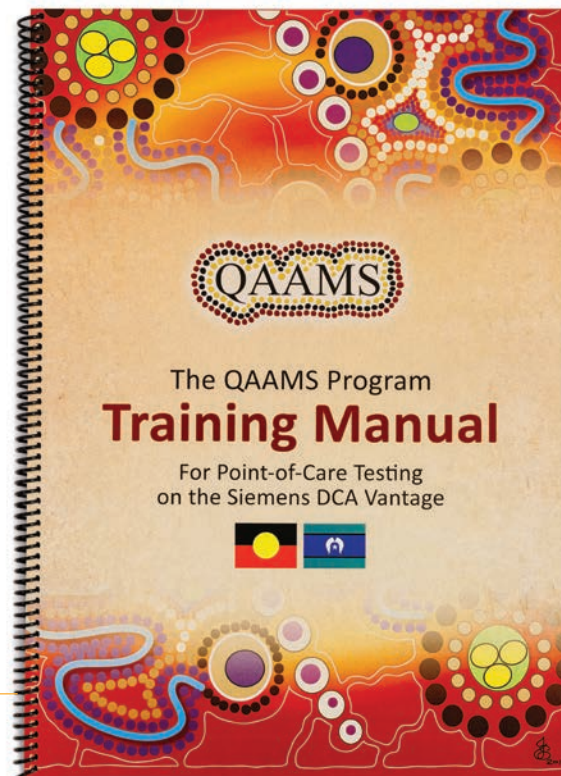
## Automation of QAAMS Competency Assessment

To improve the efficiency of the written component of competency assessment, an automated, web-based competency assessment system was developed in collaboration with Point of Care Solutions. Implementation of the new system began in October 2012.

## New QAAMS Training Manual

A hard copy of the new Training Manual for the DCA Vantage, which incorporated the artwork created by Jasmine Sarin for the QAAMS Program, was distributed during late 2012.

QAAMS Training Manual 2012



## QAAMS – 2013

In 2013 enrolments continued to grow, reaching 175.

### Changes in QAAMS Leaders Team During 2013

Sandy Wilson, long standing QAAMS contributor and SA Leader since 2009, stepped down from her Leaders role in mid-2013. Sandy's commitment and enthusiasm for QAAMS was boundless. Sandy was replaced by former SA Leader, Tony Burgoyne, who had recently returned from the Northern Territory to Port Lincoln Aboriginal Health Service.

Richard Seden from Miwatj Aboriginal Health Service, Nhulunbuy replaced Clifford Taylor as the NT Leader in 2013. Jody Croft also returned to the Vic/Tas Leadership role after a short absence, replacing Jharrad Simpson.

2013 also saw the well-deserved retirement of Kay Mundraby, the inaugural Chair of the QAAMS Leaders Team. Kay worked for over 25 years at the Kambu Medical service at Ipswich in Queensland.



Richard Seden



Kay Mundraby

Queensland Leader at the time, Malcolm Gertz, summed up Kay's contribution to QAAMS:

*"I would like to acknowledge Kay's contribution to the QAAMS Program over the years and her contribution is certainly an outstanding achievement both as Queensland Leader and as a participant. I know I have learned much from Kay's outstanding contribution and I will miss her very much. Her standard and level of commitment to the program has been exceptional and has set the standard for us all to follow. Thank you Kay for your outstanding contribution and all the best."*

## QAAMS Staff During 2013

The staff from the Flinders University International Centre for Point-of-Care Testing who were responsible for the day-to-day management of the QAAMS Program continued to grow and by mid-2013 included:

- Mark Shephard, QAAMS Program Manager
- Anne Shephard, QAAMS Program Assistant Manager
- Beryl Mazzachi, Research Assistant
- Heather Halls, Research Assistant
- Brooke Spaeth, Research Assistant
- Bridgit McAteer, Research Assistant
- Lara Motta, Research Assistant
- Pauline Rudevics, Administrative Assistant
- Cheryl Marshall, Administrative Assistant (retired November 2013)
- David Badger, IT Support Officer
- Emmanuelle Pratt (2009-2011) and Lori Tietz (2012-2019), Finance Officer



QAAMS Management Team 2013

## Retirement of Janice Gill

Janice Gill, Program Manager of the RCPA Chemical Pathology Quality Assurance Program, announced her retirement to QAAMS participants in November 2013. Jan had worked at the RCPA QAP for almost 20 years and was an integral part of the QAAMS Program since its inception in 1999.

Kristina Barancek replaced Jan as the principal contact for QAAMS at the RCPA QAP, with Lisa Jolley as supporting scientist.



Lisa Jolly, Kristina Barancek and Janice Gill from RCPA QAP

## Recognition of Services in QAAMS

During 2013, a new initiative was introduced to recognise and reward QAAMS services (and operators) who had achieved high standards of quality and sustained levels of participation in quality testing during the preceding year. In March 2013, certificates for Sustained Excellence in Quality Testing for 2012 were awarded to 22 services.

State	Services Receiving Certificates for Sustained Excellence in Quality Testing in 2012
Queensland	Weipa Hospital Healthy Lifestyle Program, Mamu Health Service, ATSICHS Woolloongabba, Inala Indigenous Health Service, CWAATSICH Charleville, Mackay ATSIHS , Cunnamulla Aboriginal Corp for Health
Northern Territory	Kaltukatjara Health Centre, Lake Nash Health Service, Wurli Wurlinjang Health Service, Ampilatwatja Health Centre
Western Australia	Bega Garbiringu Health Service, Derbal Yerrigan Health Service, Mawarnkarra Aboriginal Medical Service
New South Wales	Bes Murray Community Centre, Werin Medical Practice and Riverina Medical and Dental Aboriginal Corp
South Australia	Port Lincoln Aboriginal Health Service, Aboriginal Primary Health Care Unit, Murray Bridge
Victoria	Winda Mara Aboriginal Health Corporation, Rumbalara Aboriginal Health Service
Tasmania	Aboriginal Health Service, Hobart





## QAAMS Workshop 2013

The Annual QAAMS Workshop was held in Adelaide in November. Sixty nine participants from 45 services attended the workshop.

## QAAMS Workshop 2013

There were six presentations from QAAMS health services, as well as presentations on diabetic retinopathy and bush foods and talks from the Rural Health Education Foundation and Medicare.

For the first time, attendance at the Annual QAAMS Workshop contributed towards Continuing Professional Development (CPD) points, with the workshop providing 12 hours of education towards CPD for Aboriginal health workers/practitioners and nursing professionals.

## Extension of QAAMS Funding from 2013 to 2017

A new funding package from the Australian Government Population Health Division's Chronic Disease Prevention and Service Improvement Fund enabled the QAAMS program to be extended from July 2013 to June 2016. (In May 2016, a further one year extension of this contract from 1 July 2016 to 30 June 2017 was granted by the Australian Government).



## Education and Training

The QAAMS Program continued its innovation and excellence in training delivery for POCT field programs. By the end of 2013 training and competency assessment was being conducted using a variety of flexible formats and methods of training delivery including:

- on-site visits to individual services
- regional workshops
- an annual QAAMS Workshop
- on-line web-streamed video training via the QAAMS website
- training using DVDs  
(for services unable to access the internet)
- training by video conference.

## Advances in e-Health and Connectivity

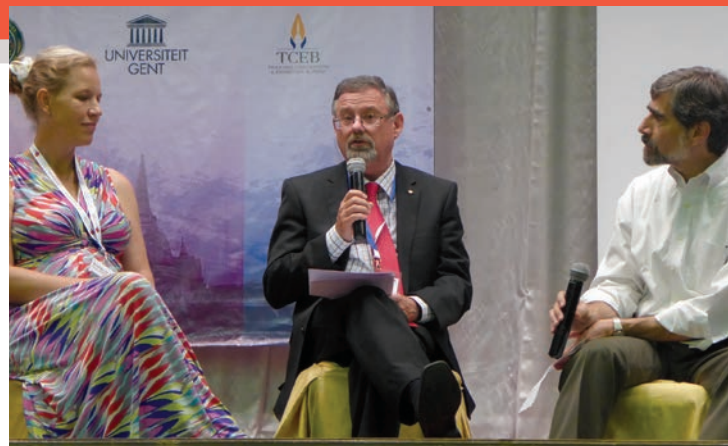
Across 2010-2012, a software connectivity package for the DCA Vantage device was implemented that enabled all de-identified client and quality data to be electronically captured from DCA Vantage devices in the QAAMS Program. With support from Siemens Healthcare Diagnostics, Point of Care Solutions deployed the connectivity package (v-LAB) at no cost to QAAMS participants. By the end of 2013, there were 43 connected DCA Vantages and the transition from DCA 2000 to DCA Vantage was almost complete.

## Transitioning to the DCA Vantage

Funds provided by the Australian Government included an allocation for the purchase of 30 new DCA Vantage devices for the program. These devices were received from Siemens in December 2013 and were used to complete the transition of services from the DCA 2000 to the DCA Vantage by October 2014, when registration of the DCA 2000 with the Therapeutic Goods Administration ceased.

## QAAMS Wins Global Award for Improving Rural and Community based Health Care

In August 2013, The Foundation for the Advancement of International Medical Education and Research (FAIMER) recognised the QAAMS Program for a 'Projects That Works' award. QAAMS was one of only five global recipients of this award. The Projects That Work award recognised projects of greater than three year's duration which have had significant impacts on 'Improving Rural and Community-based Healthcare'. The award was presented to the Program Manager of QAAMS at the annual international conference of The Network: Towards Unity for Health in Ayutthaya, Thailand in November 2013.



Mark Shephard accepting the Projects that Work Award

*"This award enhances the reputation of QAAMS as a health program of international standing and reflects the success of the QAAMS Program, which would not be possible without all of our participants performing great work out in the field. We would like to take this opportunity to acknowledge and thank all of those involved in the QAAMS Program for their hard work and dedication to the Program and also acknowledge the QAAMS Leaders Team for their continuing support. Thank you to everyone for your continued efforts and commitment to QAAMS."*

— QAAMS Program Manager



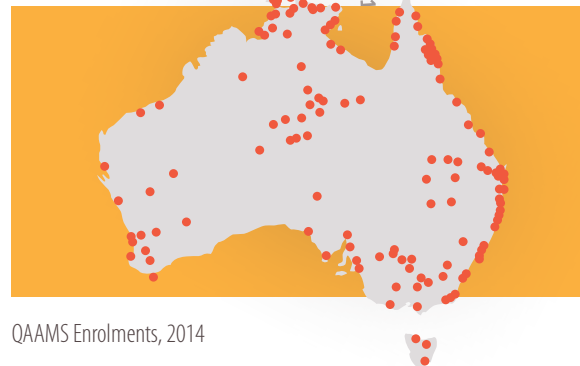
Ann-Marie Mitchell



Charmaine Starr



Narelle Brown



QAAMS Enrolments, 2014

## QAAMS – 2014

### QAAMS Leaders Team

In October 2014 Malcolm Gertz stepped down from the Leaders Team and was replaced by Ann-Marie Mitchell from Cunnamulla Aboriginal Corporation, who continues as Qld Leader today. Charmaine Starr from Danila Dilba Health Service in Darwin replaced Richard Seden as the NT Leader.

### Changes to the QAAMS Management Team

Narelle Brown joined the QAAMS Management Team as an Administrative Assistant in January 2014, replacing long-serving staff member Cheryl Marshall, who retired in November 2013.

### Enrolments in QAAMS

Enrolments in QAAMS reached 195 devices by the end of December 2014.

New  
logo and  
website



## Review and Revision of QAAMS Website and Branding

A complete re-fresh of QAAMS branding and the development of a new QAAMS website was launched in October 2014, at the Darwin Workshop. This was a joint project with the QAAMS Management Team, the design company Karmabunny and the QAAMS Leaders Team. The new website providing a more streamlined site with easier access to information and resources for all participants.



## QAAMS Workshop 2014

The 2014 QAAMS Workshop was held in Darwin for the first time, in October. Eighty one participants from 50 health services attended the workshop. There were presentations from eight QAAMS services as well as Siemens and Medicare. The QAAMS Clinical Support Officer also gave a presentation on diabetes and kidney disease. Dr Cathy Timothy and Sheila Harou from Papua New Guinea were invited guests and gave a talk about the challenges they face delivering diabetes care to clients in their country.

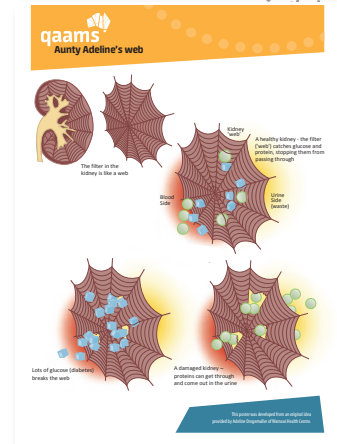
The Yarning Circle was also introduced into the workshop program for the first time. It provided a culturally safe and relaxing environment for participants to share experiences managing chronic illness in their clinics, and a place to get to know the people involved in the QAAMS Program.

QAAMS Workshop 2014 (top), Yarning Circle (below)



## New Education Resource Developed by QAAMS Leaders Team

At the QAAMS workshop in 2013 Adeline Drogemuller from Waruwi Health Service shared an idea she used to explain kidney disease to her clients. The QAAMS Leaders Team assisted the QAAMS Management Team in the development of Aunty Adeline's idea into a new education resource, called "Aunty Adeline's Web".



Aunty Adeline's web

## PUBLICATIONS

Shephard M, Spaeth B, Motta L, and Shephard A (2014) Chapter 48. Point-of-care testing in Australia – Practical advantages and benefits of community resiliency for improving outcomes. In: Global Point-of-Care Strategies for Disasters, Emergencies, and Public Health Resilience. Kost G and Curtis C (eds). AACCC (American Association of Clinical Chemistry) Press, Washington DC, pp 527 – 535.





Dallas Kirby  
and Beryl  
Mazzachi



## QAAMS – 2015

QAAMS reached the milestone of 200 Sites by December 2015.

### QAAMS Leaders Team

Late in 2015 Dallas Kirby replaced Jody Croft as the Vic/Tas Leader.

## Changes to QAAMS Management Team

Beryl Mazzachi retired as QAAMS National Training Coordinator in January 2015. As the QAAMS Training Coordinator Beryl travelled widely to provide training to participants in every state in Australia during her time with QAAMS and delivered training at all QAAMS Workshops from 2002 to 2014.

Bridgit McAteer took over from Beryl as Training Coordinator. Tessa McCormack and Hayden Frances were also appointed as QAAMS scientists in March 2015.

Tessa McCormack



Hayden Frances







QAAMS Workshop 2015

## QAAMS Workshop 2015

The 2015 QAAMS Workshop was held in Adelaide in September. Sixty nine participants from 40 health services attended the workshop. There were eight presentations from QAAMS services, and presentations from the Australian Health Practitioners Registration Agency, Medicare and Indigenous Health/InfoNet.

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*"It was great to meet other health workers and professionals from other health services. Got some great ideas from other health workers."*

*"I found this QAAMS Workshop really interesting and informative, putting it out there that you are not alone and there is a great support network out there for us who work so remote and isolated."*

*"Fantastic workshop thanks to the organisers who did all the hard work."*

*"The whole course was brilliant. Great refresher."*

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## New Medicare Rebate for the Diagnosis of Diabetes

On 1 December 2015 a new Medicare item number became available for QAAMS participants to claim for the use of the HbA1c test to diagnose diabetes in their clients.

QAAMS remains the only POCT Network in Australia that is able to claim a Medicare rebate for the use of the HbA1c test for the diagnosis of diabetes.



Jerome Ah-Kit Burgoyne,  
Rrapa Dhurrkay,  
James Peterson  
*(left to right)*

## QAAMS – 2016

Participation in the program remained strong in 2016 with 200 enrolments.

### New QAAMS Leaders in 2016

Jerome Ah-Kit Burgoyne (Port Lincoln Aboriginal Health Service) took over from Tony Burgoyne as QAAMS Leader for South Australia in early 2016, while Rrapa Dhurrkay (from Miwatj Galiwinku Ngalkanbuy Health Service) was appointed to the QAAMS Leaders Team as the Northern Territory representative. James Peterson joined the Leaders Team as Vic/Tas Leader.

## Changes to the QAAMS Management Team

Tessa McCormack and Hayden Frances left the QAAMS Management team in December 2016 to pursue medical degrees. They were replaced by Tamika Regnier and Lauren Duckworth.

Lauren Duckworth



Tamika Regnier





## Update of QAAMS Resources

In 2016 a further major update of the QAAMS Training Manual and Training Posters was completed. This was also a joint project with the QAAMS Management Team, the design company Karmabunny and the QAAMS Leaders Team.

## QAAMS Website

A new page on the QAAMS website, that allowed participants to enter and view all quality control and quality assurance results, was made available in April 2016.

The QAAMS website continued to be a well utilised resource with participants averaging almost 90 visits a day to the website.

## GoToMeeting eLearning formally introduced to QAAMS

After being trialled in the NT during 2015, GoToMeeting eLearning was introduced as a method of training in May 2016, for QAAMS sites that had reliable access to the telephone and internet. This new format allowed staff to have training delivered to their service 'live' by the QAAMS Management Team in Adelaide.

*"All staff were very impressed with the training and were especially thankful for your teaching style and support and encouragement you provided throughout the session. A huge thank you from us all."*

— Practice Manager, Inverell



QAAMS  
Workshop  
2016

## QAAMS Workshop 2016

The 2016 QAAMS Workshop was held in Darwin in September. Sixty seven participants from 40 health services attended the workshop.

During the first morning there was a breakout session where participants were able to meet and network with other participants from their state as well as their QAAMS State Leader. This session provided time for participants to get to know each other as well as share information about themselves and their health services.

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*"I appreciated the opportunity to meet with all the QAAMS Leaders and the QAAMS Team. It was an opportunity to network also."*

*"I found the Leaders were really supportive and willing to help when needed; they were a great support."*

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There were nine presentations from QAAMS services – Lake Tyers (Vic), Napranum (Qld), Nunkuwarrin Yunti (SA), Gippsland and East Gippsland (Vic), Spinifex (WA), Njernda (Vic), Miwatj Elcho Island (NT), Ord Valley (WA) and Goondir (Qld) health services – as well as presentations from the Indigenous Eye Health Unit, University of Melbourne, Medicare and Indigenous HealthInfoNet.

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*"I think it has been a great workshop for me and I feel much more confident to get back home and start seeing patients and do their HbA1c and ACR urine tests on the DCA."*

*"I found the course very beneficial. I believe it will help my job role to become more effective."*

*"Loved meeting new health workers. I was amazed at how all the different places use their DCA machines."*

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Representatives from Medicare Australia continued to support the QAAMS Program by delivering a presentation at the workshop on how the Medicare rebates for QAAMS work in practice and the benefits to services that flow from ensuring all eligible rebates are claimed. The Medicare representatives were also available to meet informally with participants and answer their questions.

## PUBLICATIONS

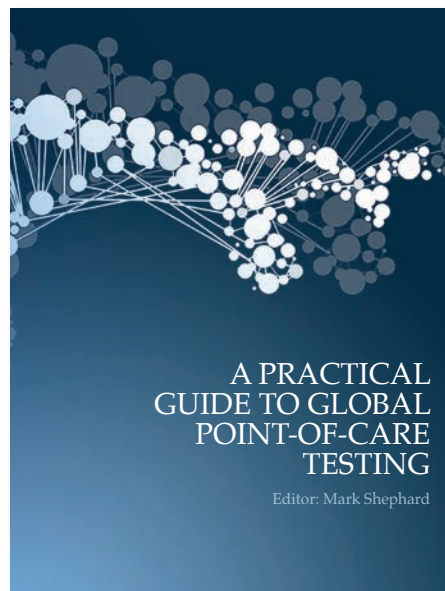
A peer-reviewed paper, with the QAAMS Leaders as co-authors, was compiled from the survey results and the Leaders' discussions undertaken across 2014. The study again confirmed that QAAMS remained a culturally safe program that fills an important, positive niche within the Indigenous health sector.

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**Shephard M, O'Brien C, Burgoyne A, Croft J, Garlett T, Barancek K, Halls H, McAteer B, Motta L and Shephard A. A Review of the Cultural Safety of a National Indigenous Point-of-Care Testing Program for Diabetes Management. Australian Journal of Primary Health 2016; 22: 368-374. <http://dx.doi.org/10.1071/PY15050>**

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In November 2016, the QAAMS Program Manager published a book on POCT entitled: A Practical Guide to Global Point-of-Care Testing, published by CSIRO Publishing, Melbourne, Australia. The QAAMS Program featured prominently in a number of chapters of the book.





Nicole Davis  
Peter Graham  
Sam Shepherd  
Rizzi De Leon  
*(left to right)*

## QAAMS – 2017

In 2017 enrolments exceeded 200 for the first time. By 31 December 2017, there were 206 enrolments in the QAAMS Program.

### QAAMS Leaders Team

Nicole Davis from Murray Districts Aboriginal Services was appointed Tas Leader in April but stepped down in October due to a change in employment. She returned to the Leaders Team as Deputy Vic/Tas Leader in October 2018.

## Changes to RCPA QAP Team Supporting QAAMS

In early 2017, the QAP Office in Adelaide relocated to Sydney. QAAMS stalwarts Kristina Barancek and Lisa Jolley moved to positions in SA Health and Peter Graham and Samantha Shepherd were welcomed to the QAAMS team as new RCPA QAP QAAMS representatives, to be joined in 2018 by Rizzi De Leon.

## Four-Year Extension of Government Funding to Support QAAMS

In May 2017, the Australian Government extended their funding support for QAAMS for a four-year term to June 2021.



## Training Videos Incorporating Leaders Team Members

2017 saw the production and distribution of 14 new training videos to support HbA1c and urine ACR testing. QAAMS Leaders, Christopher O'Brien, Ann-Marie Mitchell and Jerome Ah-Kit Burgoyne, travelled to Adelaide for filming and were featured in the practical demonstrations shown in the videos. Christopher O'Brien also recorded the narration for the videos.

The videos were made available to all participants in January 2018.

## Medicare Rebate Claims

Claims for HbA1c for monitoring diabetes averaged more than 1200 per month by 2017 while claims for urine ACR testing averaged approximately 350 per month. There were approximately 120 claims per month for the new item HbA1c for the diagnosis of diabetes, since its introduction in December 2015.

Since the QAAMS Program began there have been over 120,000 claims for HbA1c testing and almost 40,000 claims for urine ACR tests.



Recording of training videos

## Support from Siemens

The support the QAAMS Program has received from Siemens across the years has been outstanding. In addition to Dean Whiting, Linda Walsh, Alison Halfnights and Craig O'Sullivan the following staff from Siemens have assisted the QAAMS Program Management Group and its participating services in more recent times:

- Yvette Kruger (Business Unit Manager, Point-of-Care)
- Sue Sterling, Product Specialist
- Simon Vale, Applications Specialist
- Rosie Scrimizzi, Application Specialist
- Margot Huckstepp, Application Specialist
- Mark Scanlan, Application Specialist
- Craig Hodgkinson, Application Specialist
- Sabrina Koetsier, Application Specialist
- Ilija Soldan, Application Specialist

## Training and Competency Assessment

Due to delays in the receipt of new funds from the Australian Government, a workshop was not held in 2017 and was instead scheduled for early March 2018.

Face to face training visits were conducted in Queensland, South Australia, Western Australia and Victoria and GoToMeeting training was delivered to Queensland and New South Wales sites.

## PUBLICATIONS

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**Shephard M, Shephard A, McAteer B, Regnier T, Barancek K. Results from 15 years of quality surveillance for a national Indigenous point-of-care testing program for diabetes. Clinical Biochemistry 2017; 50: 1159-1163. Published online in July 2017 and available at: <http://dx.doi.org/10.1016/j.clinbiochem.2017.07.007>**

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## QAAMS – 2018

Enrolments in QAAMS reached a new high and by 31 December 2018 had grown to 224 devices.

### Annual Workshop 2018

The Annual QAAMS Workshop was held in Brisbane in March 2018. A record 94 participants from 46 health services around Australia attended.

QAAMS Clinical Support Officer, Dr David Dunn, from Nunkuwarrin Yunti Health Service in Adelaide, delivered an informative session on diabetes diagnosis and management. The second day of the workshop included urine ACR training that incorporated a visit from Aunty Adeline Drogemuller, who explained the QAAMS kidney disease 'spider web' resource she helped to develop. Participants not requiring training were offered training for a diabetes education tool known as Feltman by Diabetes Queensland.

Annual QAAMS Workshop in Brisbane

The workshop also included a presentation from Jillian Dray on Nutrition for Clients with Diabetes and presentations from Pika Wiya Health Service, Illawarra Aboriginal Medical Service, Rumbalara Aboriginal Corporation and Werin Medical Clinic.

During the Workshop the Yarning Circle was again popular, providing a place to renew friendships and encourage new professional relationships between health professionals from many diverse regions of Australia.

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*'This is a very educative (sic) workshop. I do enjoy coming every time.'*

*'The workshop was excellent; I will recommend this to my fellow colleagues.'*

*'When you sat there (Yarning Circle) it was a safe place to exchange thoughts and service provision.'*

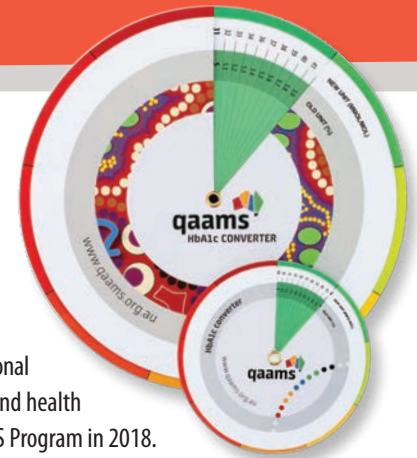
*'It (Yarning Circle) was a good place to go because you knew that people sitting there were happy to talk to you. I was by myself and it was a great place for me to meet people.'*

*'Great to meet other AHP from different parts of the country to find out how they work with their people.'*

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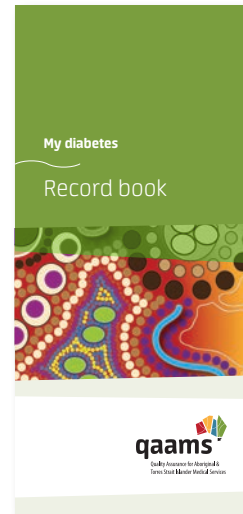
## QAAMS Leaders Team Special Projects

The QAAMS Leaders Team produced two new educational resources for both clients and health professionals in the QAAMS Program in 2018.



In the first half of 2018, a circular HbA1c converter for easy conversion between the old (%) and new (mmol/mol) HbA1c reporting units was prepared.

In the second half of 2018, the Leaders Team and the Management Team completed the design of a culturally safe Diabetes Record Book for the clients of the Aboriginal and Torres Strait Islander medical services participating in the QAAMS Program. The booklet was sent to all Aboriginal medical services in late January 2019, for distribution to clients.



## QAAMS Website

A complete review and update of the website was conducted during April 2018. The website continued to be a well utilised resource. During 2018 there were over 5000 visitors to the website.

## PUBLICATIONS

A poster entitled *"A flexible training system to support point-of-care testing for diabetes care in Indigenous people on a national scale"* was presented at the Australasian Diabetes Congress 2018 in Adelaide on 22–24 August.

### A flexible training system to support point-of-care testing for diabetes care in Indigenous people on a national scale.

Bridge McKee, Anne Shepherd and Mark Shephard  
Flinders University International Centre for Point-of-Care Testing

**Background**

Point-of-care testing (POCT) is pathology testing performed in a clinical setting during the patient consultation, generating a test result that enables timely clinical decision making for patient care.

The national QAAMS Quality Assurance for Aboriginal and Torres Strait Islander (Medical Services) Program for diabetes care supports the quality assured conduct of POCT for HbA1c and urine albumin/creatinine ratio in over 200 Torres Strait Islander health centres located in Indigenous health sites across urban, rural and remote Australia.

**Face-to-face training**

Face-to-face training at the health service enables POCT participants to gain hands-on experience using the POCT device and testing reagents in their own environment under the POCT coordination guidance. It also enables time for reference practice and the chance to ask questions in a safe environment.

**Resources**

Culturally safe training resources have been developed in consultation with the QAAMS Indigenous Leaders Team. The training manual and posters are available in hard copy and electronic format.

**Training Manual:** A comprehensive, user-friendly and intuitive A1 manual that translates medical, scientific and simplified concepts into messages and images that can be easily understood.

**Posters:** Step-by-step visual guides to patient and quality testing.

**Video Presentations:** Fourteen short videos allow participants to view and review training material at their own pace and convenience.

**Powerpoint Presentations:** Comprehensive presentations delivered by POCT Coordinator or scientist.

**Training Aids:** Printed materials to enhance both health worker and client knowledge and training USBs and DVDs.

**Conclusion**

QAAMS has built a significant national workforce of Aboriginal health Workers/Practitioners who are empowered, confident and competent in conducting quality assured POCT for the care of their diabetes clients. This has been achieved by developing a program of continuing education and training that is culturally safe, sustainable and has the flexibility to meet the needs of a busy workforce.

QAAMS is funded by the Australian Government Department of Health

1999-2019  
20 YEARS

## QAAMS – 2019

### Changes to QAAMS Leaders Team

WA Leader Trevor Garlett stepped down from the Leaders Team in October 2018, after nine years of service. WA Deputy Leader Helen Edwards replaced Trevor Garlett. After four years' service SA Leader Jerome Ah-Kit Burgoyne resigned from the Leaders Team in January 2019.



Helen Edwards

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Ffion Jones



Emily Phillips

## QAAMS Management Team

There were several changes to the QAAMS Management Team during late 2018/early 2019. Long-term staff members Bridgit McAteer and Heather Halls left the team after eight and 12 years of service to QAAMS respectively. Bridgit took up a new position and Heather retired. Both are thanked for their significant contribution to QAAMS.

Bridgit and Heather have been replaced with two new graduates, Ffion Jones and Emily Phillips.

## Celebration Time! 20th Anniversary Workshop

On 8 and 9 May 2019, the QAAMS Program will celebrate its 20th Anniversary with a workshop in Adelaide. The workshop will enable us to reflect on the success of QAAMS over the past 20 years and invitations to many foundation participants in QAAMS, past QAAMS Leaders and former QAAMS Management Team and RCPA QAP staff have been extended.





## Final Remarks

I feel privileged and humble to have been the QAAMS Program Manager since day one of the program in July 1999 through to the present day. I have had the opportunity to meet and share experiences with many remarkable Aboriginal and Torres Strait Islander people and dedicated health professional staff; for me, QAAMS has been a 'way of life' across this journey. I thank my staff on the QAAMS Management Team for their commitment, loyalty and passion for QAAMS.

It has been a pleasure to work so closely with the QAAMS Leaders Team for the past decade and members of the RCPA QAP and special thanks are reserved for the Australian Government Department of Health staff who have continued to provide funding to support QAAMS over 20 years. It has been a joy to prepare this booklet because it has enabled me to reflect on the growth and achievements of this wonderful health program over the past two decades.

### **Professor Mark Shephard OAM**

*QAAMS Program Manager*

Flinders University International Centre for Point-of-Care Testing  
Flinders University, Adelaide, Australia

## Reflection

I have been a part of the QAAMS family for 13 strong years, and it has been an absolute enjoyable and inspirational engagement I cannot falter. I have progressed my way up through the QAAMS ranks from participating member (2006) to Deputy Leader (2008), NSW State Leader (2009) further becoming the National Leader (2010 – 2019).

Words can simply not describe the ongoing commitment and support provided by the QAAMS Management Team (QMT) “where nothing is too great, and the efforts and drive is next to none of the best I have observed throughout my health professional experience”.

I cannot even begin to put into words how much I love being a part of the QAAMS Leaders Team (QLT), who keep me on my toes, focused and above all, they keep me motivated and responsive as a respectable leader. I have been truly blessed to collaborate and share many a conversation with such amazing people as our State and Territory Leaders across this beautiful country of ours. The QLT are my brothers and sisters in spirit and in health and have supported and guided my decision-making process shaping me as their National Leader. Since my

onboarding in 2007 I have seen many great minds, spirits, passions and drive come through the QLT forum and this has paved the way forward for new and innovative ideas taking the national QAAMS Program into the future going forward.

The celebration of the QAAMS's 20th Anniversary is a true cultural significant milestone, not only in the Aboriginal community-controlled health service sectors across the nation, but in the mainstream dominion of great health professionals and supports.

So many lives have been saved, prevented and endured as a direct positive impact of the QAAMS national program. . . and my sentiments are with Professor Shephard in saying. . . “QAAMS for many has been a “Way of Life”.

### **Christopher J O'Brien**

*National Leader & State Leader  
NSW & ACT*





**Australian Government**

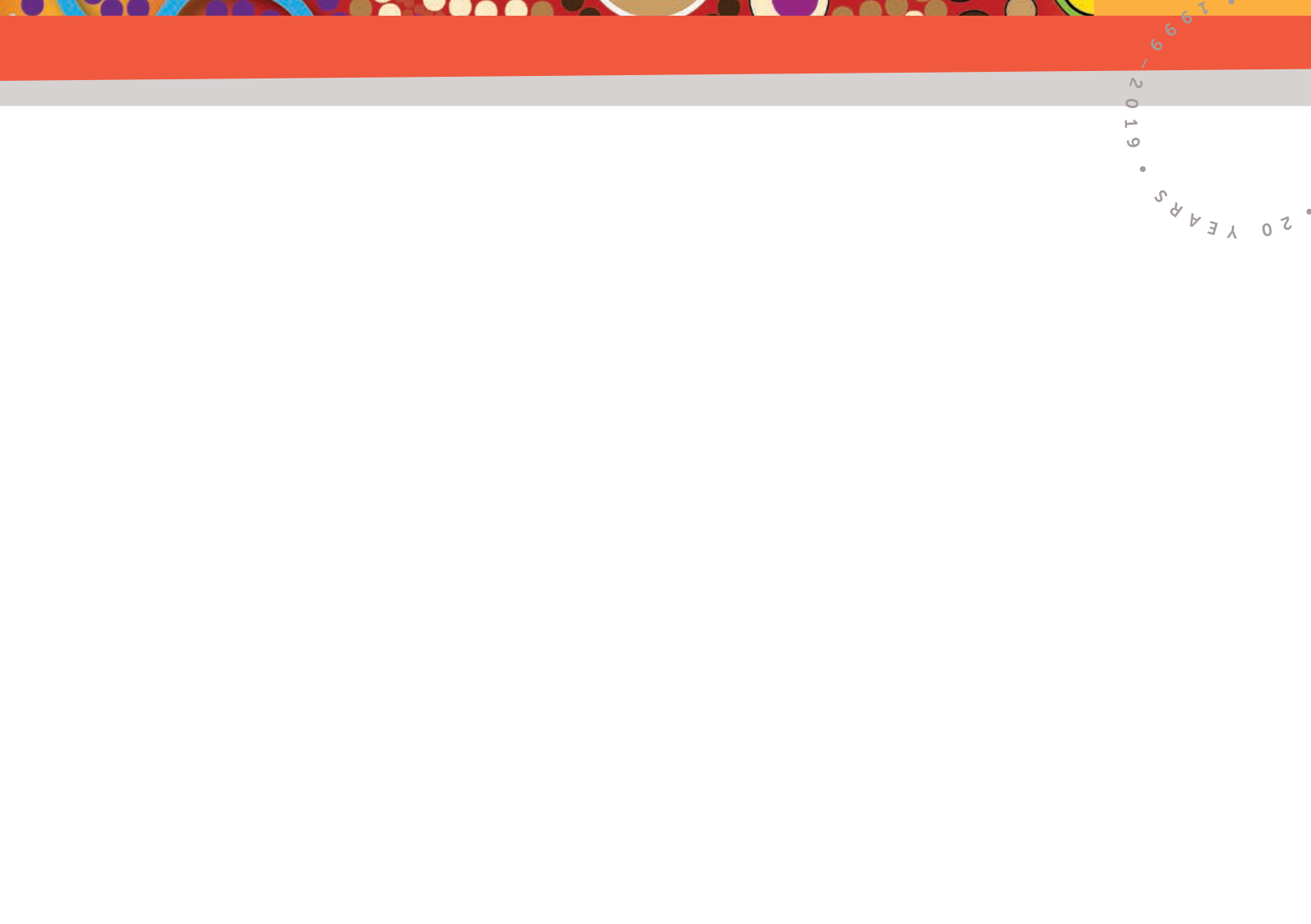
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**Department of Health**

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The QAAMS Program is indebted to the Australian Government Department of Health,  
for their continuous funding support of the program over 20 years.

• 20 YEARS •  
1999-2019



**visit us online** [qaams.org.au](http://qaams.org.au)



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