

WELCOME TO

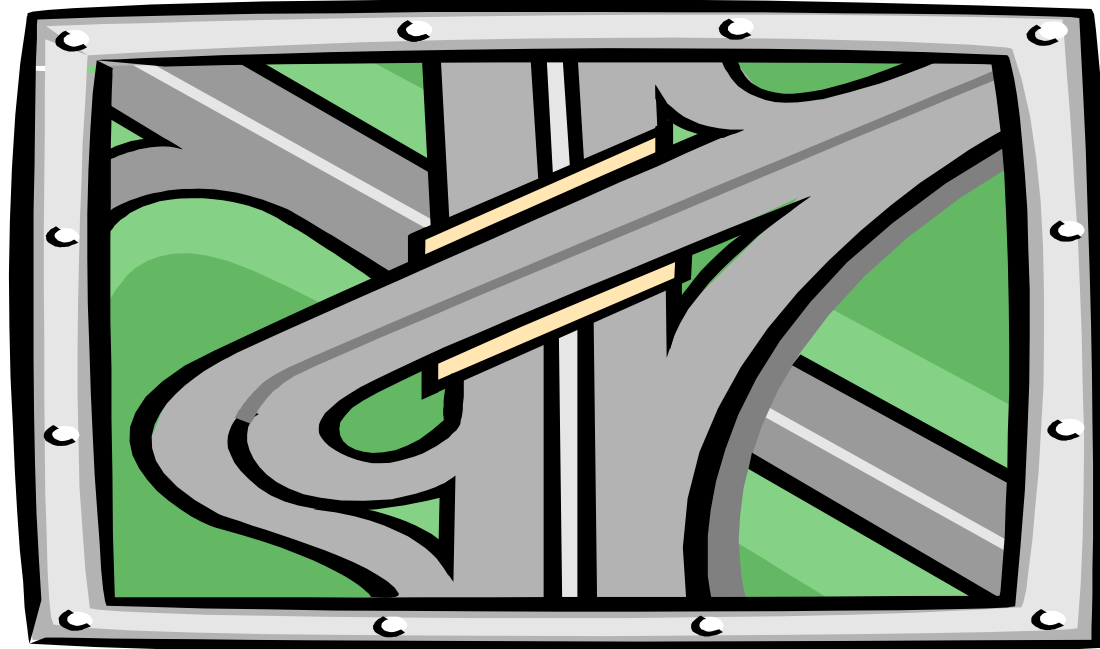


WALGETT ABORIGINAL MEDICAL SERVICE - WAMS



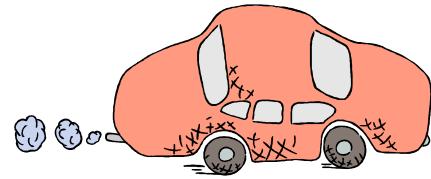
TRANSPORT

Putting pieces together



WHAT IS WAMS

WAMS is an Aboriginal Community Controlled Health Service who commenced their services in 1986.



It was identified in the early days that transport would be an essential element of best practice in patient care.

WAMS TRANSPORT

WAMS staff transport patients to:

Dubbo – 6 hrs return

Orange – 10 hrs return

Bourke – 4 hrs return

Narrabri – 3hrs return

Moree – 4 hrs returns



\$\$ TO WAMS

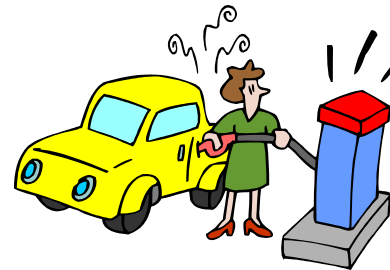
Expenses include:

Salary

Meals

Accommodation

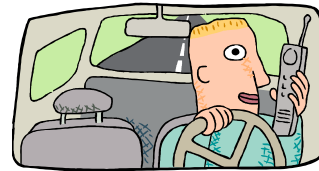
Vehicle costs



\$\$ TO PATIENT

Arrange care for children and family who remain in the community - \$\$ for 'sitter'.

Have \$\$ to spend on medical costs and meals while away.



Leave \$\$ with family in their absence.

\$\$ - ISSUES

WAMS have never received \$\$ for transport.

WAMS staff are absent from doing their duties in the workplace.



WAMS spend additional \$\$ on casuals.

\$\$ - ISSUES

Other health services expect WAMS to transport ‘their patients’.



Area health Service has policy on no transport after sun down ,WAMS assists in this ‘gap’.

\$\$ - ISSUES

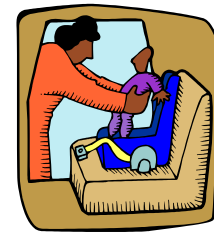
Conflict in the community if WAMS cannot transport.



Ambulance and Hospital often expect WAMS to transport all Aboriginal patients.

RECOMMENDATIONS

Mainstream health services transport their 'own' patients.



Public bus services delay 'turn-around' in Dubbo and other larger towns, so patients can see specialists and return home in one day.

RECOMMENDATIONS

Discharge arrangements from Hospitals coincide with WAMS and other health personnel travelling to the destination



AMS's subsidised from IPTAAS to assist with transport costs

RECOMMENDATIONS

AMS's receive \$\$ for comprehensive transport services



\$\$ for male and female Drivers
due to gender – specific health issues

THE PIECES TOGETHER

In rural and country areas without transport services to health care providers, people will not be able to afford quality care.

Their health may decline. Care could then be given when their condition has worsened due to lack of intervention and prevention when first identified.