

North Richmond Community Health



Quality of Care Report 2010—2011

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NRCH QUICK FACTS

North Richmond Community Health (NRCH) provides high quality, culturally competent primary and community health services to the dynamic and diverse population in Melbourne's inner north.

Our services to families and individuals include doctors, nurses and specialist medical services, dental services, counselling, casework, drug safety and needle syringe programs and in-house language support services.

The Centre for Culture, Ethnicity and Health (CEH) is part of NRCH and continues to contribute significantly to our strong reputation as a leader in cultural competence. CEH provides expertise and support to service providers around Australia to meet the needs of culturally diverse populations.

A TYPICAL WEEK AT NRCH

- 275 doctor & specialist medical appointments provided
- 72 Nursing & Allied Health appointments provided
- 116 Counselling appointments provided
- 23 Outreach services provided
- 277 Dental appointments provided
- 5386 syringes provided to 581 clients in the Needle Syringe Program

- 22 languages requested for formal interpreting
- 38 hours of formal interpreting support provided to clients plus many more hours of support from bi-lingual workers
- 13 group activities are coordinated & supported
- 20 people attend CEH's cultural competency training
- 137 care co-ordination contacts for post acute care clients are made
- 143 home visits for post acute care clients are undertaken

STAFF PROFILE

Years of service	Number of staff	Percentage of staff
< 5	59	53%
5—10	33	29%
10—15	10	9%
15—20	4	4%
> 20	6	5%
TOTAL	112	100%

- *57% of NRCH staff are born outside Australia*
- *66% of staff speak a language other than English*

A MESSAGE FROM THE CEO & CHAIRMAN

On behalf of the Board of Directors members and staff of NRCH we are pleased to present the 2010 – 2011 Quality of Care Report. The purpose of this report is to inform our clients and the community about the achievements, services and programs of NRCHL and also to report on specific measures that have been implemented to improve the quality and safety of our services.

2010—11 HIGHLIGHTS

NRCH New Building

In 2010- 2011 construction of Stage One on the NRCHL New Building was completed and occupancy took place on 27 July 2011, approximately 4 weeks after the end of the financial year that we are reporting on.

The completion of Stage 1 represents approximately 70% of the total new facility and Stage 2 is due for completion in August 2012. The completion of this major portion of the project is a magnificent achievement for the Board, the Centre and for the community who have advocated tirelessly for this project for almost a decade.

I take this opportunity to especially thank Mr. Richard Wynne for his steadfast support for this most important project for the community and to the Victorian Government, the Department of Health, the consultant team and our builders for delivery of what we all agree is a high quality civic building that will serve the community for many, many, years to come. Our thanks and gratitude are extended to all who contributed to this wonderful outcome.

New Services & Programs

The new building will allow NRCHL to both increase the current services and programs and also have the capacity to deliver new services to our community.

Existing services to be expanded include:

- Expansion of dental services from 3 chairs to 7 chairs at 23 Lennox Street. NRCHL operates 10 chairs in total in Richmond, Fitzroy and Robinvale.
- New Dental Prosthesis Laboratory
- Capacity to introduce new allied health services (should funding be available) including podiatry and physiotherapy in dedicated purpose built facilities
- Purpose built medical, nursing and allied health student training facility in partnership with the University of Melbourne. Special thanks to the University of Melbourne for the financial contribution to allow for the installation of the equipment in this new facility.

Acknowledgments and thanks

Thank you to all funders and supporters : Victorian Department of Health, Dental Health Services Victoria, Victorian Department of Justice, Victorian Department of Human Services, Home and Community Care Program, Office of Housing , Department of Planning and Community Development, Department of Victorian Communities, Department of Education and Early Childhood Development, Vic Health, ACSO, Arts Victoria, Scanlon Foundation, Ross E Trust, Inner North Community Foundation, Bristol-Meyers Squibb, Commonwealth Department of Health and Ageing, St Vincent's Hospital, Royal Women's Hospital, University of Melbourne, Women's Health in the North, City of Yarra, Victoria Police especially the Richmond Police and all our other funders and supporters

To all Board members, volunteers and staff

Looking forward to working with everyone in 2011- 2012.



Demos Krouskos CEO
Chief Executive Officer



Stephen Kerr,
Chairman Board of Directors

PARTNERSHIPS & CONSUMER/COMMUNITY PARTICIPATION

Improving the health of the community can only be achieved through working in partnership with our community and clients as well as with the other organisations and groups that influence or have a stake in their health outcomes.

NRCH demonstrates commitment to partnerships and community participation through our work across different programs and services within the organisation and through our work with external organisations and groups.

Community Partnerships

Community involvement continues to be a central part of NRCH practice. This is demonstrated through our Board composition reflecting the diversity of the community, regular schedules of community consultations, project approaches that actively engage and involve community representative organisations in project planning, decision making and delivery.



Building internal partnerships

Internal partnerships include internal committees and a number of project working groups within and across programs.

2010-11 saw NRCH introduce a new model of working in partnership, the Action Learning Group approach. Action Learning Groups solve problems through involving participants from different parts of the organisation and learning together as problems are considered and solutions explored. The approach encourages innovative problem solving and often leads to new ways of working that wouldn't have been considered if programs assessed their own practices.

This model has been used as part of a review of the organizational structure as well as for more operational projects.

Research partnerships—a new focus

In 2010 NRCH actively worked to establish research partnerships. The purpose of research partnerships is to ensure our practice is evidence based, to ensure we are evaluating our practice in line with rigorous research methodologies, to contribute to the evidence base, particularly in working with diverse communities and to facilitate new funding opportunities.

An example of a university research partnership is outlined in the Teeth Tales case study below



The Multicultural Gambler's Help Project (MGHP) has established a partnership with Gambler's Help Western, the New Hope Foundation, Health West PCP and the Karen Community.

MGHP will produce a DVD story to raise awareness about problem gambling for the community after community representatives suggested this as the most appropriate way to communicate effective messages.

Strengthening external partnerships

NRCH's partnerships with external groups was demonstrated through our active engagement and participation in planning and service coordination forums with the City of Yarra, Primary Care Partnerships and other local committees and reference groups relating to specific issues and initiatives.

TEETH TALES

Teeth Tales is a community-based project aimed at improving the oral health of refugee and migrant children by studying the social, cultural & environmental influences on child oral health.

North Richmond Community Health joined this project led by the University of Melbourne. Other partner organisations include Merri Community Health, Dental Health Services Victoria, Moreland Council, Victorian Arabic Social Services, Pakistan Australia Association and Arabic Welfare and City of Yarra.

The Centre for Culture Ethnicity and Health (CEH) and the Oral Health Program (OHP) played important roles in this project.

CEH supported the development of the organisational cultural competency reviews and the development of strategies to respond to the review findings.

The OHP provided a trial site for the project and has been involved in the recruitment of individuals to participate in sessions that promote oral health messages and link people to dental services.

The OHP also provided bilingual staff for the oral health promotion and training of peer educators.

The communities that took part in the program were Sudanese, Oromo and Vietnamese.

It is hoped the program can be expanded to other services and areas of Victoria.

ABORIGINAL AND TORRES STRAIT ISLANDER (ATSI) CONNECTIONS

The ATSI Connections Project aims to develop relationships and link Aboriginal & Torres Strait Islander people to relevant and appropriate services.

In response to an issue that emerged on the Richmond public housing estate where members of the ATSI community were experiencing substance abuse issues and were not connected in regularly to services, the Drug Safety Program (DSP) outreach team initiated a partnership model. The purpose of this partnership model was to develop relationships and link people to relevant and appropriate services.

Members of the Drug Safety Program outreach team established relationships with Aboriginal service provider organisations and particularly with the Turning Point service Aboriginal Needle Syringe project worker. This partnership was formalised through an agreement with Turning Point and NRCH to provide a partnership outreach service on the Richmond housing estate.

The result of this partnership has been the building of trusting relationships with members of the ATSI community.

Informal conversations with community members have led to identification of needs that have led to connections to relevant NRCH services including a number for dental treatments including denture work, medical appointments including pharmacotherapy, nursing clinic for triage wound care and general care and with the Diabetes nurse for Diabetes management advice.

In addition, referrals to other organisations have included to an optometrist, an ophthalmologist, outpatient appointments at both Royal Melbourne Hospital and St Vincent's Hospital, Centrelink, HomeGround and other welfare agencies including St Vinnies and drug and alcohol services.

As well as service connections the partnership and informal consultations with the community led to a funding submission to the City of Yarra. This submission is to enable regular opportunities for community members to participate in art work.



NRCH & Turning Point staff with a member of the local Aboriginal community

HEALTH PROMOTION

NRCH has a well planned and coordinated approach to Health Promotion. This is demonstrated through the development of the Integrated Health Promotion Plan every 3 years.

The plan is produced through analysing local population health data, national, state and local health priorities, and is guided by consultations with the community and other organisations that have an influence on the health of the community.

The plan identifies strategic priorities and these are addressed through the development of annual plans that outline initiatives, partnerships, strategies and budgets together with resources across the organisation to address the priorities.

The current priorities are social connectedness, physical activity and healthy eating.



Case Study: Homework Support Group

A homework support program is provided to culturally and linguistically diverse students from the Richmond public housing estate in secondary school and upper primary school levels.

This program is held weekly at the Belgium Avenue Neighbourhood House. There are 17 volunteers, all young people, some new graduates and others still studying. There are 44 registered participants and an average of 15 regular attendees.

A highlight for 2010 was the increasing number of African young people participating in the program. In addition to homework support, the volunteers have in some instances become mentors to the program participants. The program is highly valued by participants. A selection of quotes gathered during the program evaluation is evidence of this. (see below)

The homework support program is an initiative addressing the health promotion priority of social connectedness. The social connectedness priority includes a range of approaches to meet the aim of working in partnership with other organisations to increase social connectedness for Richmond public housing estate residents.



- *"The Group helps me to finish my school work and I get better results"*
- *"It helped me a lot, if there was no homework group I would be in big trouble"*
- *"It gives me extra help"*
- *"It helps me with my homework, and also helps me to understand some of the things I don't get to understand at school"*
- *"Helped me a lot, improved my grades"*
- *"Everyone is helpful & friendly"*

Quotes from participants of the Homework Support Group

HARMONY DAY

On Saturday 19 March 2011 North Richmond Community Health celebrated *Harmony Day* with over 500 residents and families from the Richmond housing estate.

The day began with a welcome to country and a specially dedicated Mandala where community representatives brought spices and herbs to include in the circle. The afternoon was filled with craft, singing, dancing and eating as the community celebrated the theme 'Everyone Belongs'.



MOON LANTERN FESTIVAL 2010

The Moon Lantern Festival, a contemporary interpretation of a traditional Asian festival, was celebrated with 4,000 people on the North Richmond Housing Estate in September 2010.

From its beginning when a group of 20 people meet with lanterns and walked around the North Richmond Community Health (NRCH) building, the festival has developed into a unique community owned event that involves local and broader community participation. As the event is traditionally focused on children, the Moon Lantern Festival centres around the parade of lanterns made by children from local schools and programs on and around the Estate.



NATIONHOOD

The Nationhood project works with a group of young people on a suite of creative projects that showcase young people's experience of living in Australia and features original theatre, music and dance pieces exploring themes of discrimination and diversity.

In 2010-11, Nationhood brought their stories and performances to a number of community events on the Estate and youth events across Melbourne.

In 2011 the young people also began working with a Punjabi dance troop to expand the understanding of how creativity can be used to understand and express otherness.



OUR COMMITMENT TO IMPROVING THE HEALTH OF CULTURALLY DIVERSE COMMUNITIES

NRCH continues to play a leadership role in Victoria in improving health outcomes for Victoria's culturally diverse community.

NRCH—A CULTURALLY COMPETENT ORGANISATION

NRCH meets the following indicators contained in the seven areas of the Cultural Competence Framework:

Organisational values	<ul style="list-style-type: none"> • Management have responsibility for implementing and monitoring cultural competence initiatives • Funding is allocated to cultural competence • Public materials express the organisation's commitment to cultural competence • Service delivery is tailored to the population of our service area
Governance	<ul style="list-style-type: none"> • The Board is representative of the clients
Planning, monitoring and evaluation	<ul style="list-style-type: none"> • Planning documents including budget allocations address cultural competence • Data collected from and about clients is used to inform planning
Communication	<ul style="list-style-type: none"> • There is a system to identify and record population and client language preferences • Staff receive training in cross cultural communication • Staff apply effective communication with diverse groups • Staff are trained in the appropriate use of qualified interpreters • Culturally appropriate ways to disseminate written materials are identified
Staff development	<ul style="list-style-type: none"> • There is a training program for staff development in cultural competence • The quality of staff training is assessed • Staff demonstrate cultural competence in knowledge, skills, attitude and behaviour.
Organisational infrastructure	<ul style="list-style-type: none"> • Formal and informal partnerships are formed with community and other partners to address issues related to cultural competence • There is evidence of appropriate use and referral to partner agencies
Services and interventions	<ul style="list-style-type: none"> • Community input is obtained for community projects • Screening, assessment and care planning reflect cultural considerations • Health education is provided at client and community levels on issues that are related to the community • Outreach services are provided to target populations to facilitate access to care



CEH is a suite of programs at North Richmond that works to improve the health and wellbeing of refugee and migrant communities by building the capacity of service providers and working with refugee and migrant communities on education and advocacy.

Highlights from the past 12 months include:

Hepatitis B Community Awareness Partnership

The Multicultural Health & Support Service developed and implemented a social marketing and community diffusion strategy to encourage Chinese and Vietnamese families to seek testing, treatment and vaccination for hepatitis B. The strategy included;

- A 4 part radio narrative on SBS in 3 languages
- Editorial features in Chinese & Vietnamese media
- Distribution of patient information cards and lunar calendars

Increasing requests for qualified interpreters

Health Sector Development worked with the Italian & Vietnamese communities to develop and deliver a social marketing campaign aimed at increasing consumer demand for qualified interpreters in the healthcare sector. Components of the campaign included an in-language flyer distributed at community venues and ads on SBS.

Lexicon of early childhood terminology

Health Sector Development worked with Department of Education and Early Childhood Development and the maternal and childcare sector to develop a glossary of early childhood terminology in simple English for use by interpreters when working with families with low English proficiency.

International Student's Sexual and Reproductive Health Analysis

Multicultural Health & Support Service undertook a qualitative study of the sexual and reproductive health needs of international students in Victoria. (report released in 2011)

Local Government and HACC CALD Network

Health Sector Development worked with Municipal Associations Victoria to organise and present a series of Home and Community Care CALD practitioner forums to explore key diversity issues in the sector.



Life! Taking Action on Diabetes: Plain English Manual

Health Sector Development worked with Diabetes Victoria to review and rewrite the *Life! Taking Action on Diabetes* participant's manual to make it accessible to participants with low English proficiency.

Gamblers Project on the Richmond Housing Estate

In July 2010 the Multicultural Gambler's Help Program initiated a partnership project with communities from the Richmond Housing estate to explore and address possible issues related to gambling. With the support of community leaders and ethno-specific agencies located in and around the estate the project raised awareness of problem gambling among the residents, and encouraged them to take part in alternative recreational activities. Community education sessions were held and a calendar in English, Chinese and Vietnamese was developed highlighting alternative recreational activities. Partners involved in the project include;

- Australian Vietnamese Women's Association.
- Vietnamese Church of Christ in Richmond
- Saint Ignatius Church in Richmond
- Indo Chinese Elderly Refugees association
- Gamblers Help Northern and Gamblers Help City

CULTURAL COMPETENCY ORGANISATIONAL REVIEW

NRCH participated in a cultural competency organizational review in early 2011. The independent review assessed how accessible NRCH is to migrant and refugee communities and provided recommendations about how we can strengthen our organizational capacity in cultural competence.

As a provider of services to a large population of culturally and linguistically diverse communities, this project represented an important opportunity for us to have our practices and policies externally evaluated.

The assessment includes an evaluation against the following 7 'domains';

- Organisational vision and values
- Governance
- Planning, monitoring and evaluation
- Communication
- Staff development
- Organizational infrastructure and partnerships
- Services and interventions



83% of staff reported they communicate with people from CALD backgrounds "a lot"

Key findings of the review

Strengths	Areas for improvement
Culturally diverse staff that reflect community diversity	Increased cultural diversity in the management team
Easy access to in-house and external interpreting	Heighten cultural competence in planning
Translated messages, signs and posters	Develop organisational policies to reflect and support NRCH's commitment to cultural competence
Mandatory cultural competency training for all NRCH staff	Improve feedback processes for clients who use interpreters to determine their levels of satisfaction
High levels of access to services for culturally diverse communities & welcoming environment	Increase staff training in working effectively with clients from culturally diverse backgrounds
Diversity and interpreter data collected and used in planning	Reduce the barriers for consulting and partnering with diverse communities
Strong links with other organisations representing culturally diverse groups	Better promote the organization's vision and values as reflecting the diversity of the community
The Board included a majority of culturally diverse members	

NRCH's CULTURAL RESPONSIVENESS PLAN

The NRCH Cultural Responsiveness Plan was revised in response to the cultural competency organizational review. An Action Plan is currently being completed with implementation of the actions to commence over the next 12 months

The Plan focusses on 3 key areas:

- Staff training and development in cultural competency
- Develop and improve policies & procedures
- Improve data collection and reporting

DIVERSITY CASE STUDIES

Refugees

In Werribee local Karen workers and the New Hope Foundation (the local migrant resource centre) were concerned that growing numbers of people from the community were gambling. This led to the Multicultural Gambler's Help Program establishing an advisory group made up of Karen community members and relevant organisations. This group came together to make a plan to stop people from developing gambling problems.

This advisory group gathered more and more information about the community beliefs about gambling. There were beliefs that you need to take risks in order to get more money, and that some community members were winning large amounts of money gambling.

The community members on the advisory group were able to suggest ideas that were suited to the Karen culture, such as respecting the role of family members and religious leaders as people who assist community members in trouble. The community members also distributed the information widely through their community networks, so the information even reached members of the Karen community in Sydney.

Sexual diversity

The Multicultural Health and Support Service (MHSS) made a significant contribution to the knowledge and practice in the sector relating to men who have sex with men.

This was demonstrated through MHSS receiving funding to undertake a research project aimed at exploring the health needs of culturally diverse men who have sex with men.

This research was guided through a forum involving;

- Victorian AIDS Council/Gay Men's Health Centre
- Melbourne Sexual Health Centre
- Alfred HIV CALD Service
- People Living with HIV/AIDS Victoria
- Australian Research Centre in Sex
- Health and Society and Gay and Lesbian Health Victoria.

The report produced key findings in relation to the following:

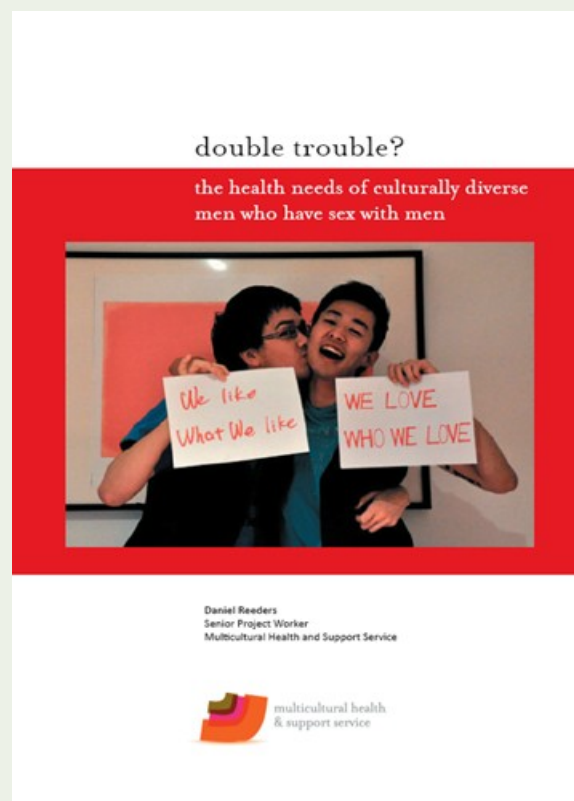
- Identity, discrimination and vulnerability
- Sexual practices and spaces
- Negotiations of identity, family and community
- Navigating the health system

In addition to the key findings there were various recommendations outlined in the report relating to state and sector-wide issues, research, community response and clinical services.

After successfully educating 128 community members and giving out brochures to over 300 community members, the advisory group members felt that there was more work to be done and decided to continue the project for another year.



Siri Gunawardana (centre) from MGHP with the Karen advisory group

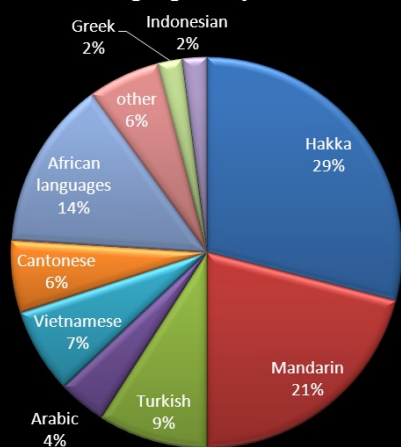


MHSS 'Double Trouble' Report

LANGUAGE SERVICE SUPPORT TO CLIENTS

The Cultural Competency review highlighted NRCH's well established systems to support easy access for clients to in-house & external interpreting

Purchased Languages July 2010 - June 2011

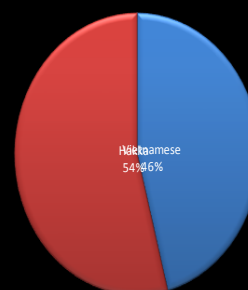


Timorese Hakka and Mandarin accounted for half of all language services purchased from external agencies in 2010-11.

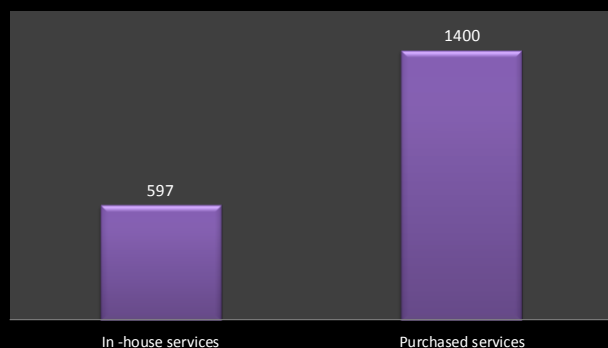
Demand for African languages continued to increase steadily and accounted for 14% of all purchased services.

This was an increase of almost 50% from the previous year.

**In-house languages provided
July 2010 - June 2011**



Total number of hours of interpreting 2010-11



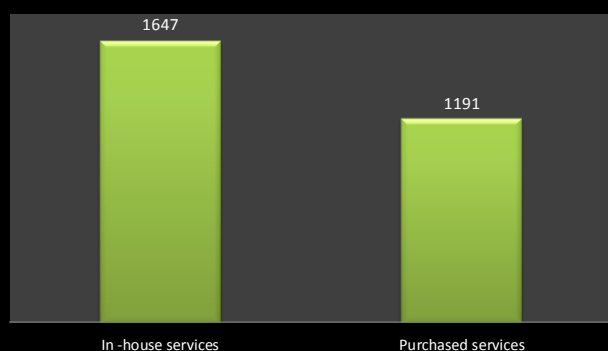
In-house language support for two of the Centre's largest CALD communities is an effective and efficient way of providing quality interpreting services.

Our part-time Vietnamese and Timorese Hakka interpreters were able to support almost 3 times more clients every hour than interpreters from outside agencies.

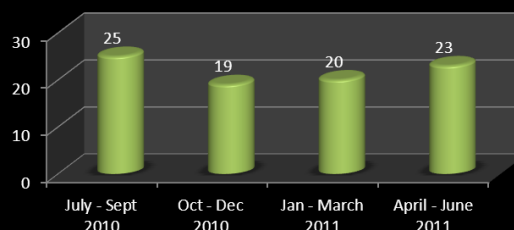
The flexibility and consistency afforded by this arrangement is highly valued by clients and staff.

Services provided by bi-lingual staff are not recorded as part of our language services statistics but contribute enormously to the quality of the client experience and reduce barriers often encountered by CALD communities when accessing health services.

Total number of clients provided with interpreting 2010-11



Total number of languages purchased over past 12 months



NRCH provides over 38 hours of interpreting support to clients every week

NRCH'S ORAL HEALTH PROGRAM

YARRA ORAL HEALTH PROGRAM

The redevelopment of the Lennox St site provided NRCH an opportunity to create one of the most exciting, state of the art public dental facilities in the State.

The 'dental wing' of the new building has 7 chairs and a dental lab, which will vastly enhance our capacity to meet the growing demand for public dental care.

The new facility, together with a new funding model from Dental Health Services Victoria will bring challenges but also offer us the chance to undertake more health promotion and preventative oral care with clients.

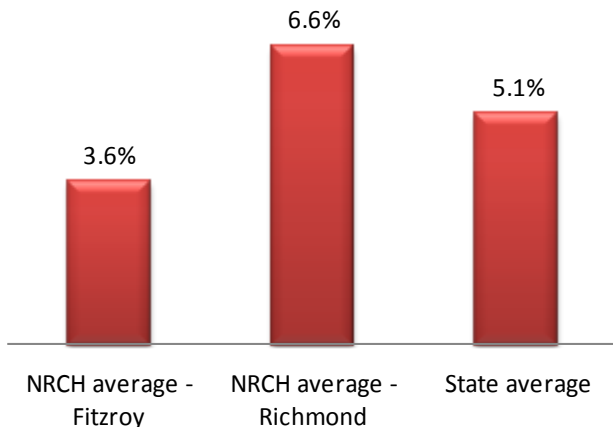
The graphs below show NRCH's performance against the State average for dental clinical indicators. An assessment of areas where we scored above the State average revealed that administrative and recording errors significantly contributed to the above average statistics. Without these errors, NRCH would fall within the State average. Measures have since been implemented to reduce these errors.

The high rate of unplanned returns within 7 days after extraction at our Fitzroy clinic is a reflection of the ongoing care required for patients who have had oral surgery, which is offered as part of the services provided at that site.

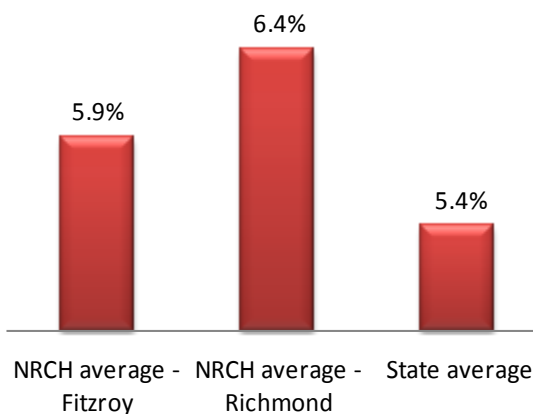


Dr. Martin Hall, Senior dentist and Manager of NRCH's Oral Health program in one of the Centre's new dental clinics

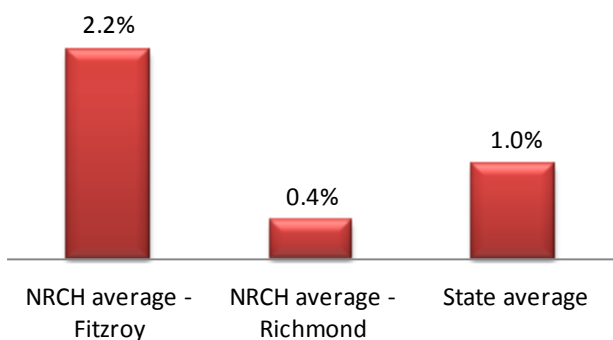
TEETH RETREATED WITHIN 6 MONTHS OF INITIAL RESTORATION



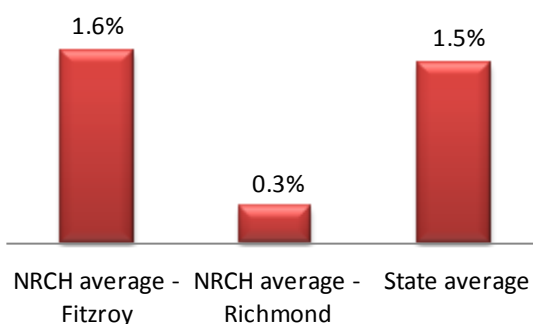
REPEAT EMERGENCY CARE WITHIN 28 DAYS



UNPLANNED RETURN WITHIN 7 DAYS AFTER EXTRACTION



DENTURE REMAKES WITHIN 12 MONTHS



REFUGEE ORAL HEALTH AT NRCH

A partnership with the Brotherhood of St Lawrence & Asylum Seeker Resource Centre

All refugees are prioritised within our program which means no fees or waiting for care. This is because of the effect that the refugee experience has on their oral health – you can expect around twice the disease rates. It is also important to see these groups early before they increase the sugar in their diet .

The NRCH oral health program was contacted by the Brotherhood of St Lawrence regarding about 20 families who required dental care.

Staff from NRCH visited the Asylum Seeker Resource Centre (ASRC) for awareness training and to familiarise with the specific issues of the refugee experience. Another visit was arranged in which dental awareness was discussed over a lunchtime session of mixed staff and clients.

Our senior dental assistant was recently trained during 2009/10 in cultural awareness as part of her RMIT Dental Assistant certificate 4 training. She was delighted to be offered the role to coordinate this program. Despite being from a migrant background herself, the experiences of the refugee/asylum seeker families deeply affected her.



*Staff & clients in NRCH's
Refugee Oral Health Project*



A team of dentists, dental assistants & oral health therapists was made available at our Fitzroy site. They provided treatment to 60 people over a period of 3 months. The refugees, mainly from Sudanese (Dinka) and Iraqi backgrounds, were seen as family groups which enabled effective oral health promotion especially targeting the children. A really good relationship was developed between the dental staff and the refugees. It is hoped that the positive experiences with this group will lead to improved oral hygiene and will help to prevent future problems.



NRCH—A QUALITY ORGANISATION

CLINICAL GOVERNANCE

Clinical governance is what we do to monitor and improve the quality of clinical care and minimise risks to clients.

The Client Services Quality Committee was originally established to review and monitor clinical governance policies and systems at NRCH. Last year, we reviewed the operation and functions of the committee and will be piloting a new format over the coming year.

A new clinical governance group will meet less frequently but will take on oversight of clinical governance projects led by members of the group. It is anticipated that these changes will build more efficiency into the clinical governance arrangements at NRCH.



Key projects underway to support the continuing improvements to clinical governance at NRCH include;

- Development of a scope of practice and credentialing policy and protocols for better monitoring of staff qualifications and registrations
- Review and development of a centre wide chronic disease management care plan (Department of Health PDSA project) - to be implemented 2011/2012
- Implementation of cross program planning
- Implementation of a Clinical supervision policy to support and mandate best practice supervision for NRCH clinical staff
- Review of existing client confidentiality and consent policies and procedures
- Reporting and data collection – improvements to collection methods and more tailored reporting to different stakeholders on performance
- Implementation of reflective practice groups across the clinical services to assist with staff support, sharing information and high quality client care
- Implementation of individual clinician scope of practice

Wait Lists

Some services at NRCH have a wait list. Service providers are aware of the frustration this causes clients and regularly look for ways to improve efficiencies and reduce wait times without compromising the quality of their care.

In 2009-10, NRCH's Paediatric Speech Pathology program maintained a wait list of less than 5 months after implementing a successful initiative with other local service providers in the previous year to reduce waiting times of over 12 months.

The Oral Health Program has waiting times significantly below the State average at both sites for general dental care and denture care.

	RICHMOND	FITZROY	STATE
General care	12 months	6 months	23 months
Denture care	6 months	6 months	22 months

Staff credentials

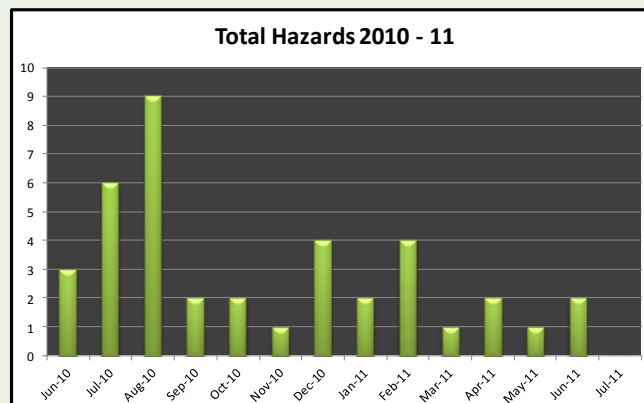
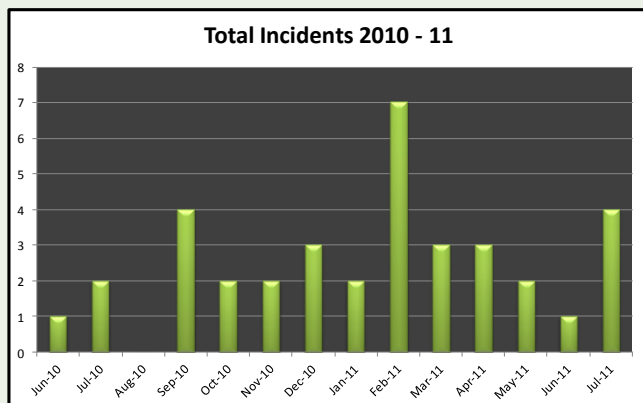
Many staff in healthcare are required to have a minimum qualification to practice. In many cases, the same staff must also keep up-to-date with relevant training, such as CPR, to maintain their right to practice and register annually with their discipline based Association. These requirements are referred to as their credentials.

NRCH implemented a project in the past year to improve how we record and monitor the credentials of all staff who are required to be trained and qualified to provide services to clients.

The project is still underway but when completed, will centralize and standardize the systems currently used across the organisation to ensure staff credentials are current and appropriate to their work.

INCIDENT REPORTING

Number of Incidents & hazards 2010—2011



Summary of Incidents by type 2010—2011

INCIDENTS	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	TOTAL
Inappropriate behaviour	0	0	0	0	0	1	1	2	1	3	1	1	0	10
Sharps/splash accidents	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medical emergency	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Theft/ Damage to property	0	0	0	0	1	0	1	0	0	0	1	0	0	3
Personal injury	0	1	0	1	0	0	0	0	1	0	0	0	0	3
Overdose	1	1	0	3	0	0	1	0	1	0	0	1	0	8
Needlestick injury	0	0	0	0	0	0	0	0	0	0	1	0	1	2
Infection control	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fire / electrical incident	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Other	0	0	0	0	0	0	0	0	4	0	0	0	0	4
TOTAL	1	2	0	4	2	2	3	2	7	3	3	2	1	32

ANALYSIS OF DATA

Hazards

There was an increase in the number of hazards reported in the 2010-11 year. Many related to 2 key issues;

- problems with the old building and it's environment
- Public injecting

We encourage staff to report the location and frequency of public injecting in order for the Drug Safety team to respond quickly and appropriately to any changes in behaviour.

The hazards associated with operating in the old building will be eliminated once the new facility has been commissioned. We anticipate staff will identify new hazards related to new equipment or practices in the new building. A process for assessing these hazards internally and with the builders has already been developed and will support efficient and appropriate risk management.

Incidents

2010—2011 saw a significant drop of over 60% in the number of incidents recorded at NRCH compared to the previous 3 years.

This was primarily due to considerably lower incidents in 4 key categories.

NRCH has successfully implemented strategies to reduce the frequency and severity of incidents in the first 3 of these 4 categories, which is evident in the statistics below.

	Last 3 year average	2010-11	Reduction
Overdoses	23	8	67%
Inappropriate behaviour	18	10	45%
Personal injury	8	3	65%
Theft / property damage	7	3	60%

SAFETY & QUALITY SYSTEMS

OH&S continues to play a critical role in NRCH's quality framework.

In 2010-11 we reviewed the structure of our safety, fire and incident response committees in response to changes to Australian Standards for emergency management. The review resulted in a new committee structure and a recommendation to change our related policies and documentation.

NRCH now has the following committees, which together provide an integrated and comprehensive approach to incident management and safety.

- OH&S committee
- Emergency Response Committee
- Emergency Planning Committee

This structure is supported by a Quality Committee, which is responsible for overseeing the compliance and management of key quality systems at NRCH

NRCH's OHS priorities for 2009-10 were;

- Increasing OH&S awareness
- Managing & maintaining OHS standards during building construction
- OHS systems development for the new building

NRCH Accreditation

NRCH was accredited by the independent quality review organisation, QICSA, in November 2010.

We passed all 18 standards we were assessed against, including being recognized as having **'exceeded' the requirements for the standard relating to cultural safety and appropriateness.**

The success of the accreditation review was evidence that NRCH has made significant progress with many of our quality, safety and client management systems.

NRCH also successfully passed the Australian General Practice Accreditation Limited (AGPAL) accreditation in early 2011 for the Centre's GP practice.

Accreditation is for a period of 3 years.

NRCH Quality Improvement Priorities 2011

NRCH develops a 3 year Quality Workplan after each accreditation review. The following priorities are the key action areas identified for 2011 from that Plan.

- Review & update emergency response planning procedures
- Improve risk planning, reporting & monitoring
- Improve compliance systems
- Improve governance training & structures
- Improve credentialing processes
- Review the client care framework for GP's
- Increase client consultation
- Improve NRCH's policies and practices to become more culturally competent
- Review and improve NRCH's planning framework
- Complete the review of NRCH's records management systems
- Improve environmental stewardship

Risk Management

Risk management is simply what we do reduce and control risks associated with providing client services, supporting staff and managing corporate functions such as financial services.

In 2010-11 we introduced a new structure for evaluating and managing strategic (organizational) risks. 19 strategic risks were identified in the following 6 categories

- Infrastructure
- Business/operational
- Financial
- Human resources
- OHS/Quality
- Governance

These were prioritized, monitored and mitigated according to areas of highest risk.

In 2011-12 we will introduce a software package designed to better record and report information about risks, which will improve planning processes, resource allocation and provide more accurate, timely information to staff, management and the Board.



NRCH staff at safety training days



NRCH achieved 100% of the performance indicators in the 2009-10 OHS Plan

Infection Control

Infection control is a critical part of keeping staff and clients healthy and safe.

Elements of our comprehensive infection control protocols include;

- Regular staff training in specific program requirements
- General infection control information to staff via the OHS newsletters
- Access to free yearly flu vaccinations for all staff
- Hazard reporting system to report infection risks
- Access to all necessary equipment required to deliver services safely
- Comprehensive organizational policies and procedures—reviewed regularly
- Full-time in-house cleaner in addition to daily contract cleaning

EVALUATION OF THE PREVIOUS QUALITY OF CARE REPORT

NRCH held a public forum on 6th April 2011 to ask the community and clients what they thought about the previous Quality of Care report.

Interpreters in 4 local community languages supported the consultation to ensure the participants could fully engage in the discussion. The feedback was generally positive and the community appreciated the opportunity to meet with us to share their views. A summary of the key strengths and weaknesses are identified in the adjacent table.

NRCH translated a summary of the 2009-10 Quality of Care report into Chinese, Vietnamese and Arabic. The translated summaries were produced in poster format, along with an English version and distributed across the Richmond Housing estate as well as displayed at NRCH.

What have we done to improve the Report?

- Continued to include a great selection of pictures and statistics highlighting what we do
- Strengthen information about key activities and projects, especially with CALD communities and beyond Richmond Estate
- Broader distribution is planned
- Although it is not feasible to translate the full report into 3 key community languages, we will produce a translated summary document and poster again
- Broadened information about systems to support risk and incident management

Also... Some of the suggestions about providing more information more regularly regarding service improvements and community safety will be addressed via more community meetings and regular community newsletters.

STRENGTHS	WEAKNESSES
Beautiful pictures	Font too small
Information is comprehensive and adequate	Full report not translated
Community forums for feedback better than filling in feedback forms	6 monthly updates on this type of information would be better than annually
Highlights our work well	Not widely distributed
Showcases our work with CALD communities	Not enough information about services outside the Estate
Informative statistics	Not enough information about incident management and risks
Summary posters very useful	Lack of wait list management information
Hard copies good—many clients don't access internet	Lack of information about strategies to deal with drugs on the Estate

CLIENT & COMMUNITY FEEDBACK



As with previous years, NRCH received very few formal complaints or compliments. Less than 10 feedback forms were submitted. They included clients praising staff for their support and professionalism as well as a number of suggestions for improving our services, which mostly related to reducing waiting times for GP's.

NRCH has a variety of other forms of feedback from our clients and community that help us evaluate and plan our services every year. These include

- Community consultations
- Focus groups on specific issues or local topics
- Client surveys
- Program & training feedback from clients
- Informal feedback to staff from clients and community

In 2011-12 we aim to improve the co-ordination of these activities, which will enhance the effectiveness of feedback and how it

NRCH's NEW BUILDING PROJECT—UPDATE

NRCH's 'GREEN' BUILDING

The new NRCH building at 23 Lennox St, Richmond is not only green on the outside but has an impressive list of 'green', environmentally sustainable features built into the6 star design. These include;

- Double glazing to retain heat in winter and minimise reliance on cooling in summer
- Sunshading to key areas. Again this minimises the impact of the sun and the reliance on cooling in the summer
- Structure is made from concrete panels. These are insulated and the thermomass retains heat, again minimising the reliance on mechanical heating and cooling
- Sensor lighting where appropriate which minimises the energy associated with lights being left on
- Fixtures & fittings including carpet, made from recycled materials and sourced from Australian suppliers wherever possible
- Landscaping is made up of hardstanding and natives to minimise need for irrigation and promote the flow of water to storm water drains
- Bike parking for clients
- Purpose built bike parking for staff and NRCH fleet bikes. Includes provision of ride to work facilities such as showers and lockers
- Increased recycling facilities (paper, cardboard, co-mingled)
- Infrastructure for rainwater tanks. The tanks will be installed subject to sufficient budget being available

UPDATE ON STAGE 1 & 2

Stage 1:

- Commenced operations in July 2011
- Accounts for almost 70% of the total building size
- 7 new dental chairs
- Improved and expanded medical, allied health and counselling facilities
- Modern, state of the art facilities for staff and clients

Stage 2: scheduled for completion in August 2012

- New community facilities and activity spaces
- A community café
- City of Yarra's Maternal & Child Health service (MCH)
- Exciting large piazza at the entrance with community seating

Stage 1 of the new building opened in July 2011. The final stage is due to open in August 2012



This is a very exciting time for NRCH. In addition to the fantastic new facilities for staff and clients, the co-location of MCH will further enhance and support the services delivered to clients.

As part of stage 2, NRCH is looking forward to bringing together all its services under one roof. The Centre for Culture, Ethnicity and Health, currently based in Carlton, will return to its home at 23 Lennox Street as part of the works.

On completion of all building works, access to the Centre and car parking will change. NRCH will inform clients and the community of these changes closer to the time.

DONATIONS

All donations are tax deductible

If you would like to make a donation to North Richmond Community Health, please complete the form below and mail to:

Demos Krouskos
Chief Executive Officer
North Richmond Community Health
23 Lennox St
Richmond VIC 3121

Name

Address

Postcode

Amount \$

Payment type (please circle)

Visa

Mastercard

Cheque

Card Number Expiry /

NOTE: A receipt will be posted to your nominated address



NRCH BOARD OF DIRECTORS

- Mr Stephen Kerr (Chair)
- Mr Leo Groenen
- Mr A. Heang Lay
- Mr Douglas McManus
- Mr Kiang Seng Nheu
- Mr Tat Hian Tchia (Deputy Vice Chair)
- Mrs Wei Bin Xia
- Mrs Anping Xue
- Mrs Xue Li

NRCH Board Interpreters

- Mr Richard Wong (Hakka &/or Mandarin)
- Mr Jason Fang (Mandarin)

LIST OF NRCH SERVICES

- Medical and specialist medical programs
- Oral Health Program
- Nursing: Clinic
- Midwife
- Specialist Diabetes Nurse Educator
- Speech Pathology
- Dietetics
- Occupational Therapy
- Counselling / Casework
- Hospital Admission Risk Program
- Inner Melbourne Post Acute Care
- Youth Work
- Psychiatric Disability & Rehabilitation Service
- Drug Safety Program
- Needle Syringe Program
- Health Promotion Program
- Volunteer Program
- Arts & Culture Program
- Centre for Culture, Ethnicity & Health
- Multicultural Health & Support Service
- Multicultural Gamblers Help Program
- Health Sector Development
- Language Services Program

TELL US WHAT YOU THINK ABOUT NRCH

FEEDBACK ABOUT THIS REPORT

We would like to hear what you think about the content and presentation of this report.

Your feedback will help us make changes to future reports and improve the relevancy of the information we publish.

Please tick the most appropriate box for each question

	Agree	Not sure	Disagree
The report was easy to understand			
The information was informative & helpful			
The print was large enough			
The style of the report made it easy to read & find information			
The photos & graphs were useful			

What would you like more information about?

What additional information would you like to see in next year's report?

Feedback about this report can be provided to;

Wendi Hobbins | North Richmond Community Health | 23 Lennox St | Richmond | 3121

E: wendih@nrch.com.au | T: 9342 9722

FEEDBACK ABOUT NRCH SERVICES, PROGRAMS, PEOPLE & ENVIRONMENT

NRCH welcomes feedback from clients and the community. Feedback helps us improve the quality of services and informs our evaluation and planning processes. Feedback can include suggestions for improvements as well as compliments!

NRCH has a feedback box located on the reception counter at 23 Lennox St. We have feedback forms in all community languages or you can simply write us a note with information about your concerns, suggestions or compliments. Feedback can be provided in any language, which will be translated confidentially.

You can also talk to anyone at NRCH about feedback you have regarding services, your care or any other aspect of the organisation.

If you would prefer to talk to someone confidentially who is not directly involved in your care and can co-ordinate with staff across the Centre to address your concerns, please contact :

Wendi Hobbins
General Manager, Strategy & Quality
North Richmond Community Health
23 Lennox St | Richmond | 3121
E: wendih@nrch.com.au
T: 9342 9722 (direct)

NORTH RICHMOND COMMUNITY HEALTH LIMITED

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T: 9418 9800
F: 9428 2269
E: nrch@nrch.com.au
W: www.nrch.com.au

ABN: 21 820 901 634
ACN: 135 411 504

Site 2

Centre for Culture Ethnicity & Health
81—85 Barry St
Carlton | Victoria | 3053

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E: enquiries@ceh.org.au
W: www.ceh.org.au

