

2015–2016

Quality of Care Report

healthcare that builds community



north richmond
community health



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Our Services

ABOUT US

North Richmond Community Health works with our community to provide outstanding healthcare. Our award-winning services are specially designed to deliver the best outcomes to diverse communities, including newly arrived migrants, refugees, people experiencing structural disadvantage and people of all ages.



All are welcome at North Richmond Community Health.

We deliver the following services:

- ▶ child health and development
- ▶ speech pathology
- ▶ community nursing
- ▶ oral health
- ▶ medical (general practice)
- ▶ alcohol and other drug services
- ▶ counselling and casework.

We also contribute our knowledge to the wider community through research, events and training.

North Richmond Community Health is located within the North Richmond Housing Estate on Wurundjeri land, and is proud to serve the community there and beyond.

The Langdon Park Ministry of Housing Estate towers were erected in the late 1960s, after the area's cottages, units and pubs were declared a 'slum' and demolished. Many different languages, cultures, religions and backgrounds are now represented on the estate. North Richmond Community Health considers it to be a privilege to be part of the local community and their story.

In our 42 years, our community has spread beyond the local housing estate. We offer our care and expertise to people all across Melbourne – some who grew up on the estate and have moved on, others who never lived there but discovered North Richmond Community Health one way or another. Our community includes Aboriginal children in Robinvale, young families who have just moved to Richmond, older people who have received our care for decades and Timorese patients in our international oral health program.

We look forward to many more years of providing healthcare that builds communities.

Our vision

Healthcare that builds community

Our mission

To build healthier communities by making healthcare more accessible and culturally relevant.

Our ambitions

Client Experience

Understanding what people want from their experience with us and striving to make it happen.

New and different approaches

Building new and different approaches into our services and programs, the ways and places we work and where we obtain our resources.

Working in Partnership

Building a partnership approach into all that we do with people and communities, staff and volunteers, funders and other organisations.

Tầm nhìn của chúng tôi là

Chăm sóc sức khỏe, liên kết cộng đồng

Hành động tương lai

Xây dựng cộng đồng khỏe mạnh hơn thông qua việc xây dựng hệ thống y tế dễ tiếp cận hơn và phù hợp hơn về mặt văn hóa

Chúng tôi hướng tới

Kinh nghiệm của khách hàng

Hiểu nhu cầu của khách hàng thông qua kinh nghiệm của họ với chúng tôi, và qua đó cố gắng đáp ứng nhu cầu của khách hàng.

Phương pháp mới và khác biệt

Xây dựng phương pháp mới và khác biệt trong dịch vụ và các chương trình chúng tôi cung cấp, cách làm việc, nơi làm việc và cách tiếp cận các nguồn lực của chúng tôi.

Tăng cường hợp tác

Tăng cường hợp tác trong mọi hoạt động với mọi người và cộng đồng, nhân viên và thiện nguyện viên, các tổ chức tài trợ và các tổ chức khác.

我們的願景

建設社區醫療保健

我們的行動

改善社區健康，讓社區成員更容易獲得醫療保健，讓醫療保健適應各種文化背景的社區成員

我們的方向

客戶體驗

了解人們前來接受服務需要得到什麼，並努力滿足客戶的需求

新的、不同的方法

在提供服務和計劃中、在我們的工作方式和場所中、在我們獲得資源等方面採用新的和不同的方法

協力合作

與社區成員、員工、義工、資助機構和其他機構建立合作關係

WELCOME

On behalf of the North Richmond Community Health Board of Directors are please to present our Quality of Care Report to the community,

Major changes in the both the Victorian and Commonwealth Government policies in 2015 -2016 provided both challenges and opportunities for NRCH. Services previously funded by the Home and Community Care (HACC) Program including some Allied Health services and Volunteer Coordination were transferred to the newly established Commonwealth Home Support Program (CHSP). More importantly this change was implemented under a client directed care model that promotes client choice. Although health services have been guaranteed that the level of funding will remain at the same level for a transition period of three years, in the future, health services will need to attract clients and provide the service in order to be paid. There is also opportunity to expand the range of services to include services to people with a disability. This is a very important issue for our community where many families are struggling to support family members with a disability. NDIS is not just a program to provide services to people with the disability. Its fundamental purpose is to address discrimination and inequality and to provide social and economic opportunity. The introduction of NDIS will provide comfort and surety for families that, in the future, their loved ones will be treated with dignity and respect and will integrated into the general community and enjoy benefits such as access to education and employment that we all take for granted.

In 2015 the North Richmond Community Health Oral Health Program hosted the inaugural Oral Health and Mental Health Conference titled Where the Mind Meets the Mouth bringing together oral health and mental health professionals to consider the impact and importance of good mental health and its impact on oral health. This exciting and innovative event attracted more than 100 participants and based on this success the conference will again be held at North Richmond in November 2016. Congratulations to all and special thanks f to Dr Martin Hall, Dr Rachel Martin and the Oral Health team.

The Centre for Culture Ethnicity and Health continues to grow and develop and include new services to the community including the introduction of new online professional training programs in areas such as cultural competency and health literacy and also to provide the Health Translation Service funded by the Department of Health and Human Service. This change to providing many of CEH services online greatly increases the level of support provided to CEH clients.

North Richmond is facing many challenges to address the changing needs of our community. Our health service is totally committed to providing safe and high quality care to all. This is the highest priority for all of us at North Richmond. We look forward to working with all our funders and partners to continue to provide these vital services to the community.



Demos Krouskos
Chief Executive Officer



Paul Tchia
Chairperson

Acknowledging the Wurundjeri Ancestors

NRCH is privileged to be given the name 'Wulempuri-Kertheba' by a local Aboriginal elder. The name translates from the Woi Wurrung language as 'staying healthy together'. Wulempuri-Kertheba recognises the Wurundjeri people as the Traditional Custodians of the land our building stands on. We respect the land in honour of the Wurundjeri Ancestors, who walked this land for many thousands of years. We acknowledge the Wurundjeri Ancestors, Elders and Community Members past and present.

A smoking ceremony is one of the most significant ancient ceremonies performed by Aboriginal and Torres Strait Islander people. The ceremony involves smouldering various native plants to produce smoke which are believed to have cleansing properties and the ability to ward off bad spirits.



ENHANCING ACCESS AND INCLUSION

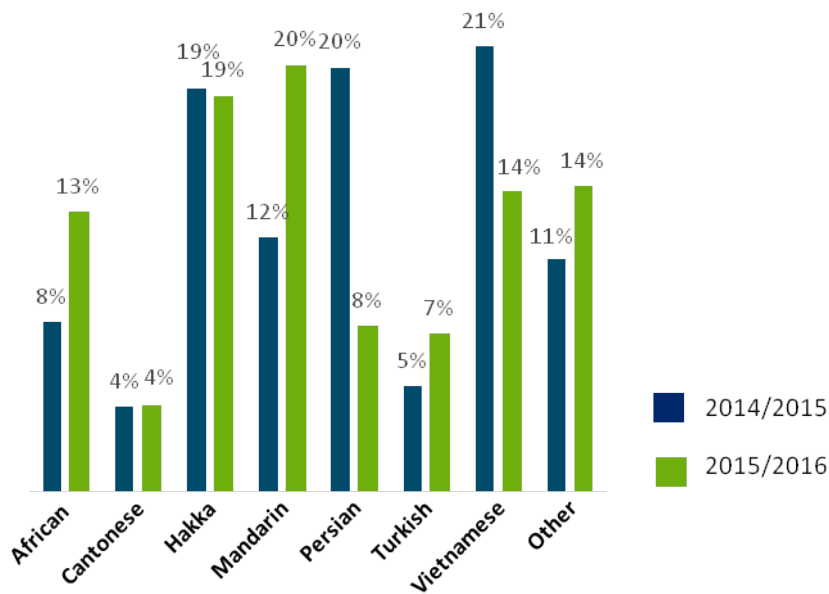
Our Diversity

NRCH is fortunate to be located in one of the most culturally diverse community regions. People using the service come from over 20 different countries and speak over 28 different languages. NRCH employs 143 staff who come from over 40 different countries. Interpreters, both in house and external provide on average 16 hours of interpreting per day. Interpreting data showed an increase in other languages from 33 languages to 38 languages.

There was an increase in use of interpreters for languages such as Rohingya, Auslan, Greek, Bahasa and Daiiri.

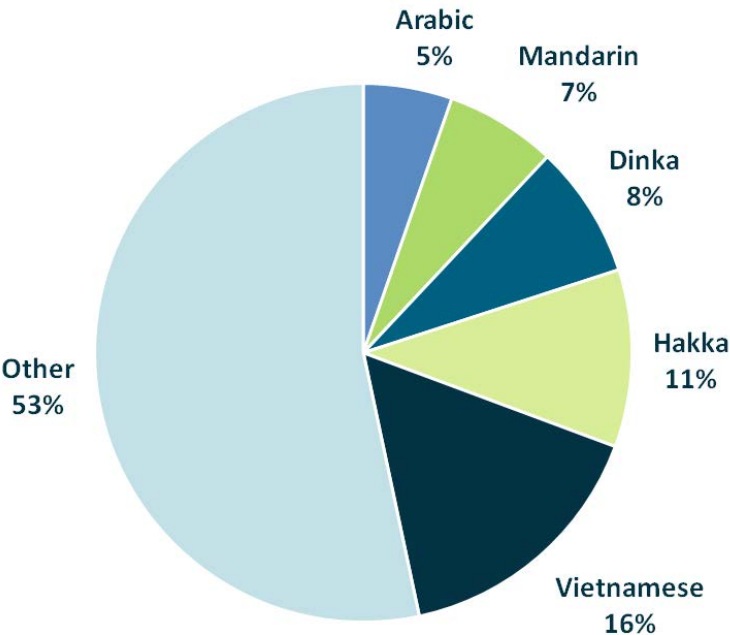
Languages supported In house showed a slight drop in Hakka and an slight increase in Vietnamese

Languages supported by external interpreters



We employ Doctors, Nurses, Occupational Therapists, Physiotherapists, Speech Pathologists, Alcohol and Other Drug specialists, Interpreters, Community Development Workers, Social Workers, Dentists, Oral Health Therapists and Hygienists, Dental Assistants, Administration staff, Psychologists, Dieticians, Diabetes Nurse Educators, Finance, Human Resources, Information Technology and Project Workers.

48% of staff speak one or more languages other than English



WORKING TOGETHER TO IMPROVE HEALTH OUTCOMES

Improving the oral health of our community

North Richmond Community Health's Oral Health program works locally, interstate and internationally to providing great care to people of all ages and circumstances. Our services are delivered in various settings – not just in our clinic – with our outreach programs.

Through Chompers, our school-based oral health program, we educate and provide check-ups for kids in local schools and kindergartens in the City of Yarra. We aim to improve children's oral health by working collaboratively with the local community and increasing the availability of oral health care to all families.

We also improve oral health outcomes for children in Timor L'este with Kose Nehan, our collaboration with Friends of Aileu and Friends of Baucau. Since 2009, we have worked with Timor-Leste's Aileu District Health Service to improve the oral health of school children in the district. Before the Kose Nehan project, none of these schools had an oral health programs.

Our other projects include the Pearly Whites program, which provides specialised oral health services to aged care facilities, and the GP Chronic Disease project, which focuses on identifying clients with a chronic disease who require oral health care.

Where the mind meets the mouth conference

We are committed to sharing our knowledge with other professionals and leading improvements in oral health care. This year, we hosted our first ever oral health conference, Where the Mind Meets the Mouth. The conference focused on many issues which can be linked to a person's oral health, like family violence, mental health and drug use. As a result of the conference, we have adopted a staff mindfulness program for our Oral Health team.

“

Inspirational, really impressive speakers who were passionate about improving the public health system.

“

The conference was innovative, meaningful and provided useful information that can be used in the workplace and in personal life. It was emotionally moving at times and created a sense of connectedness.

- Delegate who attended Where the Mind Meets the Mouth

Nursing and Allied Health Team - building better healthcare for our youngest clients and their families

Over the last year the Nursing and Allied Health team has expanded to include Speech Pathology, a Paediatric Occupational Therapist and a Dietician.

All working together to provide innovative approaches to delivering services to children and families in the City of Yarra.

We have continued to consolidate working with the collocated City of Yarra Maternal and Child Health Nurses, the NRCH case work and counselling team,

Royal Children's Hospital Paediatric fellow, the ATAPS counsellor and the City of Yarra Kindergarten, and the preschool field officers.

Some of our great work includes the following programs.

The Dietician and Speech Pathologist and City of Yarra Maternal and Child Health Nurse ran a program called "Play Picnics" for children aged 18 months - 5 years which focussed on establishing positive eating

behaviours, strengthening parent/child relationship, developing social and language skills in food and nutrition and building parental confidence. The program focused on encouraging children to try new food groups through play and language in families.



ENGAGING WITH CHILDREN AND FAMILIES

Children's week

NRCH Nursing and allied health team, Oral Health Program, City of Yarra Maternal and Child Health and other Yarra Children's Services hosts an annual children's day event. This allows families to be aware of the services that can be accessed, provides educational opportunities and a forum for engagement.



Key learnings – oral health and diet, paediatric services for speech and dietetics.



“
Lovely event. Gets everybody to
meet each other in community.

Overdose Awareness Day

Overdose Awareness Day has been a key remembrance event for those who have died from fatal drug overdoses since 2001.

On August 31 the NRCH community alongside the friends and families of fatal overdose victims to reflect on those who have been lost. The event is

organised on the understanding that no-one need feel shame or disgrace over a drug overdose.

This day offers all who have been affected by overdose a chance to publicly mourn and help the wider community understand that fatal overdose profoundly affects mainstream society.

The day also serves as a warning that not only illicit drugs can be dangerous and no-one is immune to overdose.



Responding to Overdoses - a Staff Perspective - Thoughts and Feelings

When a code blue, signifying a medical emergency is broadcast on the centre's address system the doctors and nurses know to calmly but efficiently walk fast- no running- with equipment in hand to the area of emergency. This usually means interrupting a consultation, apologising to your concerned patient and reassuring them that you will be "back soon".

What are the emotions and thoughts that whirl around my head as I'm "walking quickly" to the overdose?

Worry about the state of the client who has overdosed, relief when I see colleagues gathering as I know I am not alone- no one wants to deal with a code blue on their own.

When I arrive at the overdose scene I am confronted by an actual, rather than a theoretical person and sometime their friends who are usually distressed.

What am I thinking and feeling now? Firstly I'm focused on the mechanics of the resuscitation but as that's progressing my mind is also considering:

Am I safe? Are there any threats to my personal safety?

Is the resuscitation proceeding as it should? Anxiety

if the client isn't "waking up" as expected Compassion as I wonder what has brought the person to the state where they would risk forfeiting this blessing we call life?

I wonder about their family-where are they, are they part of the problem or the solution.

Amazement and a chill of fear as I contemplate what might have happened if they hadn't had the support of a friend, a relative or sometimes even a concerned stranger who alerted us.

And sometimes I feel despair and helplessness – how can we help people to repair what is broken in their lives?

Once the person has been resuscitated and they are on their feet again I am wondering what will happen to them now- Where will they go? Will they be OK? And I am grateful, so grateful that NRCH has a team of dedicated counsellors and support workers who will do their best to provide ongoing support and who treat all their clients with the utmost respect and dignity.

And me? I walk back to my room, through the waiting room where patients look expectantly at me with the unspoken question- is everything OK? and

breezily try to reassure them that all is fine. Back to my patient in the consulting room , reassure them that yes, all is fine and try to pick up from where I left off knowing full well that minutes ago the team at NRCH may well just have saved someone's life.

It may take a village to raise a child but it also takes a village- a dedicated team to support people struggling with addiction to rebuild healthier, more functional and fulfilling lives- a team of counsellors, social workers, nurses, doctors and lawyers. How do I feel? I feel privileged to be a small part of this team.



- Author: Dr. Libby Segal

Peer Network Program

NRCH worked in partnership with Harm Reduction Victoria to deliver a Peer Network Program.

The Peer Network Program has trained six community members to work with people who inject drugs. Peers are trained to provide information regarding blood borne virus treatment and prevention, overdose prevention, overdose response, promote Naloxone uptake, being part of community, appropriate disposal, stigma and discrimination.

One of the peers involved in the project is Matt. Matt is a local community member who has been trained in the administration of Naloxone. At North Richmond we try to ensure those that want to, are trained and know how to carry Naloxone. Matt lives on the estate and has done approximately 33 reversals over the years. Matt is known in community as having Naloxone and is experienced at overdose response. Matt is level headed in a crisis. He has often had to communicate to Emergency services how much Naloxone has been administered and hand over to Ambulance staff.

Matt has saved lives. Matt has made a difference.



Honouring our Volunteers - CAFE

New Café helps clients and staff

NRCH Café opened in July 2015. The Café is located in the main foyer and provides a welcoming and warm environment for clients and staff. The Café is staffed by Café Manager, Rhys and volunteers who come from diverse and varied backgrounds but have the common thread of helping the local community.

'A heartfelt thank you to our volunteers, past and present, for their ongoing commitment. Their dedicated contribution facilitates the delivery of important programs for the community'

“

Client is happy with the overall service received that everyone is nice and helpful and like to the idea about the coffee shop.

“

Beautiful coffee.



“

I volunteer at NRCH café to give back to the community and to learn valuable new skills to help with future employment. This experience has given me the opportunity to meet new people and to be involved in the NRCH community.

- Alex Rankin is a 21 year old University student studying Commerce/Information Systems at Deakin University.



“

I volunteer at the NRCH café to new skills and to meet new people in the community. I have learnt so much about cooking.

- Kate Mokrzecki is 17 years old.

WORKING DIFFERENTLY TO MEET CLIENT NEEDS

About our Discharge Support Worker

Inner Melbourne Post Acute Care provides support to people at home after they have been in hospital. Over some time, we found that some people needed a different type of support that wasn't available from our usual service providers. Research shows that clients who have contact with a community worker upon or soon after discharge from hospital have better outcomes and access to primary health care. They also have fewer representations to hospital, and higher satisfaction rates with their health care experiences. (Kangovi et al: "Patient centred community health worker intervention to improve post hospital outcomes" Journal of the American Medical Association, February 2014).

Often some of our clients have been unwell and struggling at home for a while before going into hospital. They may have many health issues as well other problems such as with housing, drug and alcohol use, mental health issues that make it hard to deal with day to day activities.

When they come home from hospital they may not have family or people to help them, they may not know what type of help they will need, they may have lost their confidence or be reluctant to have

services come into their home. These are the people we wanted to better support so we developed the role of Discharge Support Worker.

Our Discharge Support worker - Gaylene

I really enjoy this role as I get to work with such a diverse range of people. I get to work closely with hospital staff, meet the client and working out a plan. It's really rewarding having flexibility in what I can do for people, being able to work with them for a bit longer if needed and then seeing things improve.

On any given day, I might pick someone up from the hospital, take them to the supermarket to pick up some groceries on the way and help them settle back in at home.

Sometimes I just have a chat and a cuppa with them, get to know them and work out what supports might work for them. I am often working with people to help them declutter their home or am coordinating a big clean up.

Every day is different.



Peter's story

I first met Gaylene after I came home from hospital, I'd been in and out a bit and had been unwell for quite a while. My flat was in a bad way, the jobs kept mounting up and I just didn't know what to do about it, I didn't have any energy.

Gaylene came over a few times, and I finally agreed to have a cleaner come in to help sort my home out. Gaylene also offered to buy me a new mattress and some linen, as my bed was very old and I wasn't sleeping very well.

I couldn't believe the difference. I was so pleased with my new bed, and couldn't wait to have a comfortable night's sleep at last. I thought I might have a nap to check it out on the same day.

I'm feeling so much better now and have started going to the community centre near my flats for lunch twice a week. Gaylene has encouraged me to have help from the council with cleaning and shopping.



INNOVATION IN HEALTHCARE

Health Translations Directory

In 1994, North Richmond Community Health received funding from the Victorian Department of Human Services to share its knowledge across the state, and the Centre for Culture, Ethnicity and Health was formed. With an initial focus on health, the Centre for Culture, Ethnicity and Health provides cultural competence training to healthcare professionals and maintains a library of resources on multiculturalism and health.

These include the Health Translations Directory which provides direct links to reliable translated health resources produced in Australia. The Directory provides access to more than 10,000 translated health resources in over 90 languages, and aims to improve the health of diverse communities by offering validated, translated health information.

In the past year, the Health Translations Directory website was completely redesigned, with new resources and tools added. The Centre of Culture, Ethnicity and Health has also developed 25 multilingual resources in Amharic, Arabic, Assyrian, Burmese, Chin, Dari, Farsi, Karen and Tamil on contraception, vaccination and the correct use of medicine.

There are now over 12,000 resources on the website. Between July 2015 and June 2016, usage of the Health Translations Directory increased by 75 per cent. The directory was accessed over 71,000 times in the twelve month period, reflecting the importance of the resource in the Australian healthcare sector.

What is health translations?


Health Translations enables health practitioners and those working with culturally and linguistically diverse communities to easily find translated health information.

The Health Translations Directory provides direct links to reliable translated health resources produced in Australia.

We do not host or upload resources, but provide a link to resources hosted on third-party website. Organisations are responsible for registering their own multilingual resource on the Health Translations Directory.



Reliable information

Our resources are regularly reviewed to ensure quality and accuracy. Look for the green  which indicates a resource has been reviewed within the last 3 years



12,038 multilingual resources and counting

New resources are regularly being added. If you have health information translated into languages other than English, we would like to **hear from you**.



Search is easy

Information can be found in a variety of ways. Search on topics, languages, or organisations.



Great for health practitioners

Health practitioners and organisations who work with culturally and linguistically diverse communities can use our site to find reliable translated health information, including a **unique tool to help identify what language your client speaks**.

OUR COMMITMENT TO SAFE HEALTHCARE

Accreditation

NRCH is accredited against the following standards:

- ▶ National Safety and Quality Health Services Standards (Oral Health Services)
- ▶ Home Care Standards (occupational therapy, dietetics and volunteers)
- ▶ Royal Australian College of General Practitioners (medical services)
- ▶ Quality Improvement Council Standards (all of NRCH)

Clinical Governance

We are always striving to meet each client's expectations for safe and effective healthcare.

Our clinical governance system has been developed to support our commitment to:

- Person centred care (involving you and your family in decisions about your care)
- Service planning (planning and building for the future)
- Partnering (working with other healthcare providers to provide the healthcare our community needs)
- Our workforce (helping staff and volunteers learn new skills, work as teams, and find new ways of doing things)
- Safety and quality (providing high-quality care and meeting Australian standards for healthcare)
- Learning, teaching and research (working with education and training organisations, to support research, and to use the best available research to improve healthcare)

Client feedback

NRCH is committed to providing clients and their families with the best possible person-centred services. We encourage clients to provide verbal and/or written feedback about their experiences and perceptions of our services.



Great receptionist, multicultural atmosphere, fabulous nurses, good choices of doctors, general feeling of good will.



Client is very happy with the service provided by the dentist and dental assistant. Client stated that service provided was very professional and that staff were very polite.

How to give feedback

Where possible discuss your feedback directly with staff. Alternately feedback cards are available in English, Arabic, Chinese and Vietnamese at reception area.

ORAL HEALTH PERFORMANCE

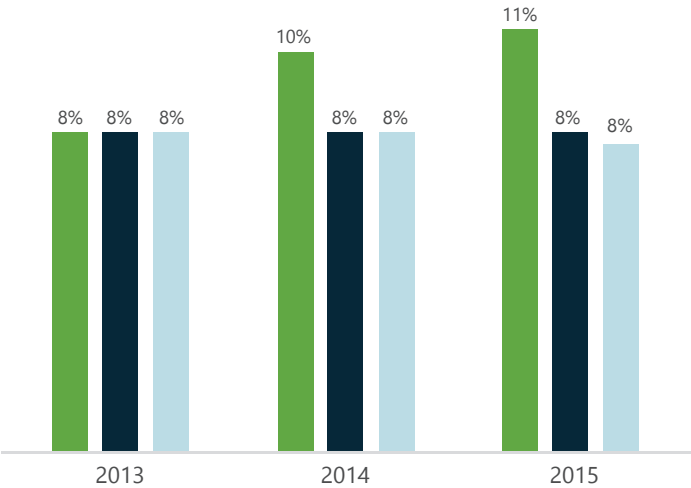
Clinical Indicators

Dental Health Services Victoria measures a variety of data and provides each community oral health service, including North Richmond, with quarterly clinical indicators at local, regional and state level. The reports are used to monitor the quality of the clinical services provided, by detecting trends in retreatment and unplanned returns for different treatment services.

North Richmond Oral Health Program uses these reports to benchmark our performance, as well as to change and improve areas of clinical practice, staff training or requirements when required.

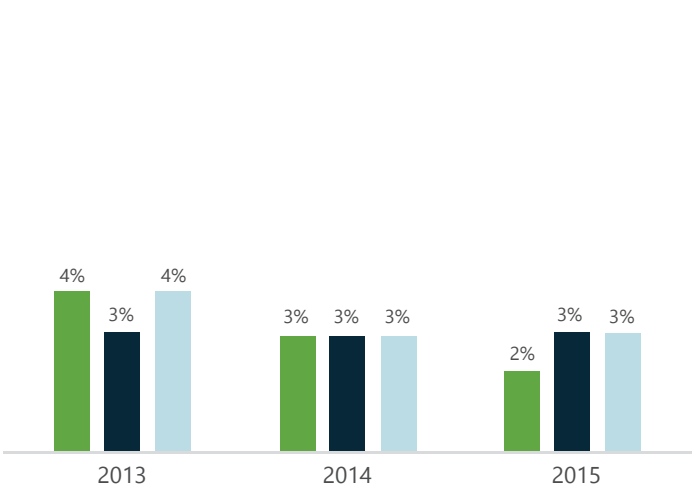
Restoration retreatment within 6 months - adult

For teeth retreated within 6 months of initial restoration



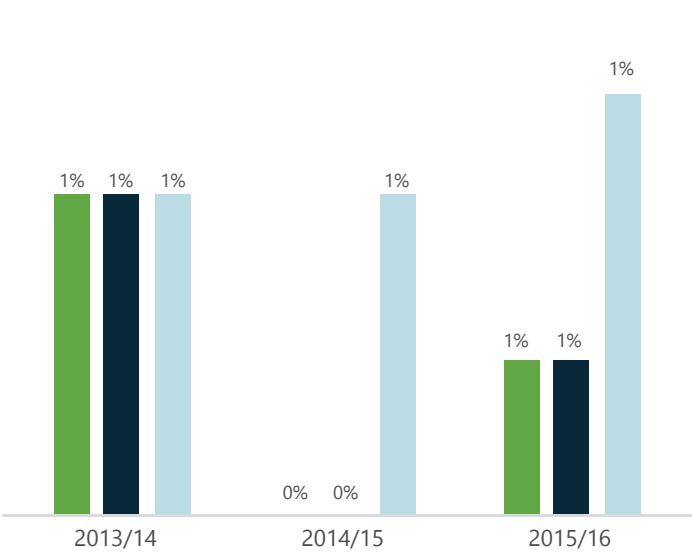
Restoration retreatment within 6 months - child

For teeth retreated within 6 months of initial restoration



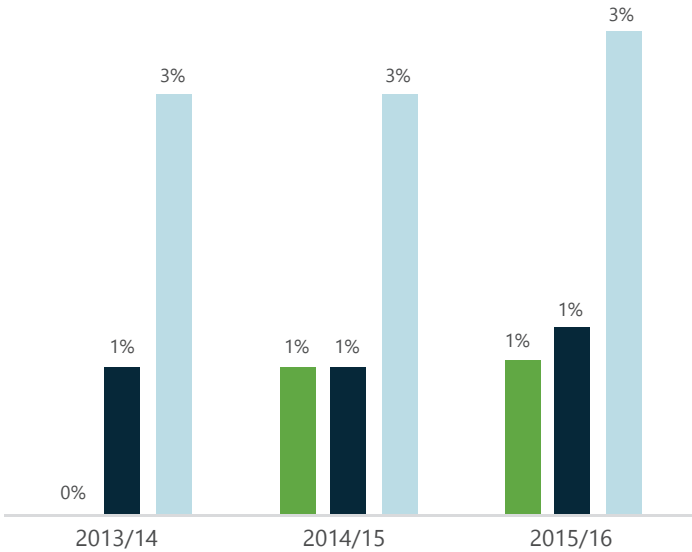
■ NRCH Please note this indicator looks at retrospective data
■ Region
■ State

Unplanned return within 7 days after a routine extraction



■ NRCH *Please note this indicator looks at retrospective data*
■ Region
■ State

Unplanned return within 7 days after a surgical extraction



Environmental cleaning

A clean service plays an important part in maintaining a low-risk environment for acquiring infections. Cleanliness at NRCH is regularly audited to ensure adherence to Cleaning Standards for Victorian Health Facilities.

Audits have maintained the level of 100% compliance across the 2015/2016 period.

Hand hygiene

Hand hygiene is the most effective way of reducing the spread of infection. That’s why NRCH OHP conducts regular audits, making sure staff wash their hands with soap and water, or rub their hands with alcohol-based solution:

- Before and after contact with clients; and
- Before and after performing a procedure with clients.

NRCH’s OHP hand hygiene compliance rate for 2015/16 was 93 per cent – well above the national benchmark of 80 per cent.

We are determined to improve further, and have now trained all NRCH staff in hand hygiene and have commenced auditing across the whole service so there is a continued focus on improvement across our service.

Preventing and controlling healthcare associated infections

The prevention of infections is paramount to the health of everyone. NRCH has established an integrated Infection Control Committee with representatives from our Oral Health, GP, Alcohol and Drug, Nursing and Allied Health programs.

This Committee has developed and implemented infection control policies and protocols across all programs providing an evidence based consistent approach. The benefits of forming this committee have been the development of an infection control training program, including annual hand hygiene training for all staff, an infection control audit schedule covering all areas and the sharing of expert knowledge and experience in infection control

TELL US WHAT YOU THINK



We would like to know what you think about this report. Your feedback will help us improve next year's report.

WAS THE REPORT INTERESTING?

☐ All of it ☐ Most of it ☐ Some of it ☐ None of it

WAS THE REPORT EASY TO READ?

☐ All of it ☐ Most of it ☐ Some of it ☐ None of it

WHAT DID YOU LIKE MOST ABOUT THE REPORT?

WHAT DO YOU THINK COULD BE IMPROVED?

Please complete and return to:

Wendy Borowiak, Quality & Risk Co-ordinator

North Richmond Community Health, 23 Lennox St, Richmond, 3121

E: wendyb@nrch.com.au

T: 9418 9974

Quality of Care Report 2015/2016

The previous year's Quality of Care Report was well received in our community. Readers liked the stories both clients and staff, they particularly enjoyed the photos of people within their community. Dislikes however were long articles so this year, we have made the articles shorter and increased the number of client/staff partnerships stories and photos.

OUR SERVICES

Medical Services

9418 9800

- GP's
- Paediatrician
- Psychiatry
- Psychotherapy
- Family therapy

Nursing & Allied Health

9418 9800

- Community health nursing
- Paediatric Speech Pathology
- Occupational Therapy
- Diabetes Education
- Physiotherapy
- Podiatry
- Psychology
- Midwifery
- Women's health nurse

Oral Health Program

- Richmond 9418 9873
- Fitzroy 9411 3505
- Denture clinic 9418 9873

Counselling Casework Community Programs 9418 9800

Alcohol & Other Drug Program 9418 9800

Inner Melbourne Post-Acute Care 9418 9954

Centre for Culture, Ethnicity and Health 9418 9929

Co-located Services

City of Yarra Maternal & Child Health 9421 6548

Mental Illness Fellowship 9418 9892

Fitzroy Legal Service 9419 3744

Melbourne Pathology 9287 7820

Australian Hearing Audiology services 8610 4300

Odyssey—Alcohol & drug counselling 1800 700 514

Group Activities

9418 9800

- Companion animal support Program
- Social Connectedness through English conversation
- Homework support Program
- Playgroup
- Richmond Diabetes Education Class
- Tai chi group
- Vietnamese Mothers' Playgroup
- Water moves
- Zumba



north richmond
community health

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