



north richmond  
community health

2016–2017

# Quality Account

Healthcare that builds community





# Table of contents

## About North Richmond Community Health

Our vision, mission and ambitions	4
Welcome	5
National Sorry day	7

## Consumer, Carer and community participation

Language services	8
Our Volunteers	9
Victorian Health Care Experience Survey	10

## Quality and safety

Feedback	12
Engaging with children and families	14
Accreditation	16
Hand hygiene compliance and influenza immunisation	18
Improving access to our services	18
Oral health clinical indicators	19

## Continuity of care

Working together to improve health outcomes - Putting the Mouth back into the body	20
Health Independence Programs - collaboration between NRCH and St Vincent's	22

## Statewide plans and statutory requirements

Supporting a reduction in family violence	24
Aboriginal Project in the AOD Program	25
New guide turns the tide for fisheries Victoria	26

## Awards

National recognition for AOD team	28
Quality Account Feedback	30
Our Services	31

# About North Richmond Community Health

## 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 Board of Directors we are pleased to present our 2016-2017 Quality Account

The past year NRCH was successful in receiving additional funding from both the Victorian and Commonwealth Government's for a number of programs however, disappointingly, the Commonwealth Government significantly reduced National Partnership Agreement funding to all Victorian Oral Health services resulting in reduction in services to the community and loss of key staff.

NRCH is currently transitioning the previous Home and Community Care Program (HACC) to the Commonwealth Home Support Program (CHSP). This change is not just a change of funder and funding system but major shift towards client focussed decision making, client choice of provider and the type of care that better addresses their needs. This year NRCH was successful in receiving significant

growth funding for CHSP services which will enable NRCH to expand both the volume and type of Allied Health and other services to eligible clients.

This past year NRCH also commenced providing NDIS funded disability services. Currently our focus is on providing care to children and families with disabilities such as autism. These services build on the existing skills and expertise of NRCH staff in paediatric care and opportunities for integrated services together with colocated maternal and child health services, partnerships with hospitals and community based providers. NRCH will concentrate on developing innovative models of care that address the central objectives of NDIS; addressing stigma, promoting social integration and economic participation.



**Demos Krouskos**  
Chief Executive Officer



**Paul Tchia**  
Chairperson



# About North Richmond Community Health

This year the Centre for Culture Ethnicity and Health (CEH) expanded their services and programs providing new and innovative online learning and training programs. CEH was also successful in receiving 3 year funding to continue managing the Health Translation Directory, with expanded responsibilities.

NRCH AOD Program is our busiest program that provides care to more than 200 clients daily. NRCH also distributes more than 70,000 syringes per month. Supporting clients who inject drugs and keeping them and our community safe was the paramount safety issue during 2016-2017. In 2016, 190 people died from drug overdose in Victoria including 34 in Richmond. This is a calamity for our community and a tragic and largely avoidable loss of life. NRCH provided evidence to a Coronial Inquest into one of these deaths and also provided statements to two Victorian parliamentary enquiries examining changes to drug laws and the feasibility of establishing a trial of a Supervised Injecting Facility (SIF) in North Richmond.

NRCH strongly supports the establishment of a SIF as important part of a comprehensive response to this urgent issue for our community. We believe that this proposal has widespread community support including from local residents, the City of Yarra, the business community and healthcare services. This is a community issue and not just a health issue. We urge all Victorian parliamentarians to support this proposal and establish a SIF as soon as practicable.

## NRCH would like to thank

- ✓ The Victorian Government and the Department of Health and Human Services (DHHS) for providing additional funding to address this urgent issue in our community. The additional funding will expand our services including greater outreach capacity and expansion of our Naloxone program.
- ✓ AOD Program staff and volunteers for their hard work and dedication in supporting our clients and the community.
- ✓ Our funders including DHHS, Department of Justice and Regulation, Commonwealth Department of Health, Dental Health Services Victoria, City of Yarra and our partner organisations for their ongoing support during 2016-2017. We look forward to working together in 2017-2018.
- ✓ Our wonderful volunteers who give so generously of their time, skills and knowledge.
- ✓ Our dedicated and professional staff for their tireless and selfless contribution to improving the health and well-being of our community, and

*We look forward to working together next year.*

## NATIONAL SORRY DAY



This day recognizes the lasting impact of the forcible removal of Aboriginal and Torres Strait Islander children from their homes and families, by the Commonwealth Government. As a result of the actions of government, welfare agencies and churches, much of the Stolen Generation lost access to their indigenous identities, heritage, and country.

On May 26th National Sorry Day, NRCH held a community BBQ, to acknowledge the significance of the day. The day included a Welcome to Country and Smoking Ceremony with Wurundjeri Elder Colin Hunter.

NRCH stands on Wurundjeri Land. We are honored to have a Woi wurrung name, Wulumperi-kertheba, which translates to 'staying healthy together'. We were given the name by Wurundjeri Senior Elder Doreen Garvey-Wandin. We are committed to the health, safety and wellbeing of our indigenous communities.

We acknowledge the ongoing effect of government policy on all Aboriginal and Torres Strait Islander people. We also acknowledge the enduring strength of indigenous people in the face of historic and current-day oppression and disadvantage.

The forcible removal of Aboriginal and Torres Strait Islander children began in the 1800s and continued until the 1970s. It's estimated that thousands of children were removed from their families and communities over this time, causing unparalleled damage.

LANGUAGE SERVICES

To ensure the best outcomes for our clients and community NRCH uses professionally qualified interpreters. We employ interpreters and contract from external agencies.

Internal Interpreters provided **1,978, hours** of Vietnamese interpreting services and **918.61 hours** of Hakka interpreting services.

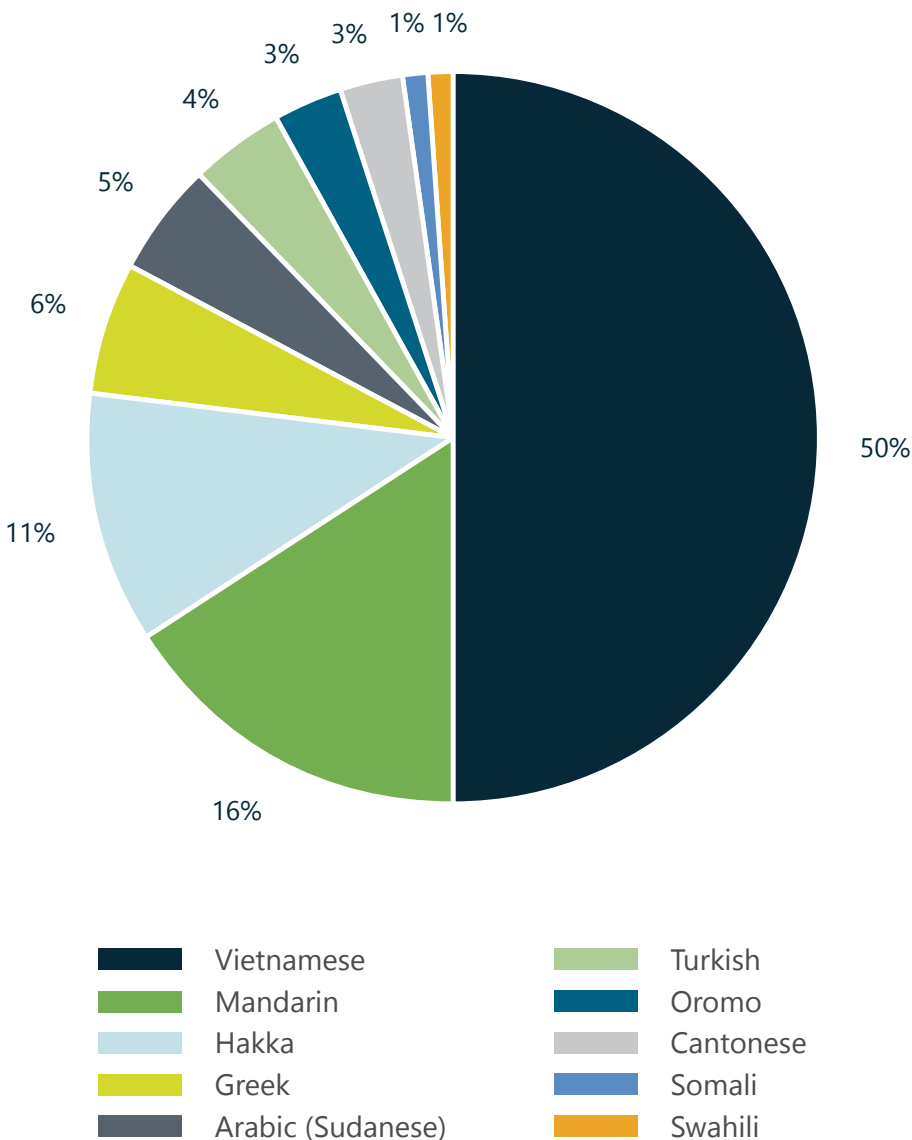
The total number of external interpreters booked was **2506 hours**.

The top 10 languages were, Vietnamese, Mandarin, Hakka, Greek, Arabic (Sudanese), Turkish, Oromo, Cantonese, Somali and Swahili.

We continue to monitor languages spoken by NRCH clients to ensure appropriately qualified and experienced interpreters are readily available to assist in facilitating communication.

Our data showed an increase in the number of languages that interpreting services were provided from 33 in 2014/15 to 44 in the period 2016/2017 demonstrating an increase in newly arrived communities.

We also enjoy rich cultural diversity in our workforce. Approximately 55% of our staff were born overseas and over 75% identify with an ethnicity other than Australian. Over 65% of our staff speak languages other than English.



OUR VOLUNTEERS

Outstanding achievement by a volunteer: *improving public healthcare*

Dr Brian McGuinness



The people who volunteer with us come from many different cultures, speak many different languages and bring a variety of personal and professional skills to their work. Among our volunteers are lawyers, students, engineers, and community members, of varying ages. This diverse and rich mix is part of what makes NRCH unique.

We are very fortunate to have several long term volunteers who have been with NRCH for many years, with some volunteering for 15 years.

The quality of our volunteers is widely known, and has been formally recognised. NRCH Pro-Bono Orthodontist Dr Brian McGuinness received the Outstanding Achievement by a Volunteer: Improving Public Healthcare Award at 2016’s Minister for Health Volunteer Awards.

After 25 years as an orthodontist, Dr Brian McGuinness now volunteers his time and expertise at the NRCH Oral Health Program.

Since April 2014, Brian has volunteered for three hours, four times a month. Through his involvement, NRCH also entered into a partnership with the Melbourne Indigenous Transition School that will enable 22 remote Aboriginal children to receive ongoing oral and general healthcare.

Without Brian and Greg White, NRCH’s other Pro-Bono Orthodontist, many people would go without access to orthodontic care.



VICTORIAN HEALTH CARE  
EXPERIENCE SURVEY

The Victorian Health Care Experience Survey (VHES) is a statewide survey of public healthcare experiences conducted on behalf of the Department of Health and Human Services (DHHS) to better understand what matters to the community.

The VHES allows people to provide feedback on their experience and the information is used by NRCH to improve our services.

The Patient Experience Survey is a key indicator of how we are performing overall, and that DHHS expect that 95% of people should be indicating a positive experience with the health service.

Our results

- 98% of consumers surveyed rated their overall experience at NRCH as positive.
- 98% rated the politeness and helpfulness of the reception staff
- 91% rated the health service as welcoming
- 91% of clients were referred to other service to improve their health and wellbeing
- 90% of clients recorded they were treated with respect and dignity

Areas for Improvement

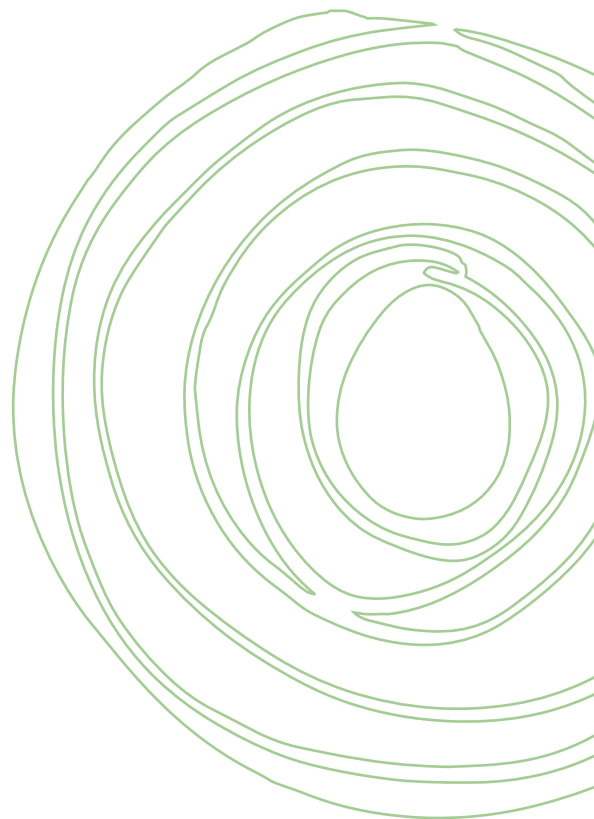
A key theme from the client feedback was about the need to improve working with clients to plan their care and set realistic goals.

As a result of this feedback NRCH, with the assistance of Kate Pascale, a model of goal directed care planning (GDGP) to meet the needs of NRCH clients and families.

GDGP is an ongoing process through which staff and clients work together, to collaboratively set goals, establish priorities and develop strategies to achieve positive and meaningful outcomes for clients.

An interactive program over 1.5 days provided clinical staff strategies to understand client's needs and priorities and how to translate these into tangible goals. Sessions also focused on effectively engaging clients and carers in their own care planning.

This model builds on strengths and capabilities adopting a "doing with, not doing for" approach. This has enabled us to work together across teams with clients, carers and other service providers to deliver a holistic service to meet each client's unique needs.



## FEEDBACK

NRCH is committed to providing safe and high-quality services and welcomes feedback from consumers, carers and external stakeholders about our services as a means of improving the care and services we provide.

Feedback received from across the organisation from July 2016 to June 2017 included six compliments, 12 suggestions for improvement and 10 complaints. Additionally 21 reviews were posted on the NRCH webpage.

“

**Absolutely incredible services available there! The centre is run like a well oiled machine. The Staff are kind and patient and have an obvious care towards the people who use the services there. Well done!**

**Friendly, helpful, hard-working dedicated staff that always go the extra mile to help you out. Nothings ever too hard or inconvenient for them. Oh and let's not forget all the lives they've saved!!! Luv ya work guy's. I can't praise them enough. They certainly deserve it.**

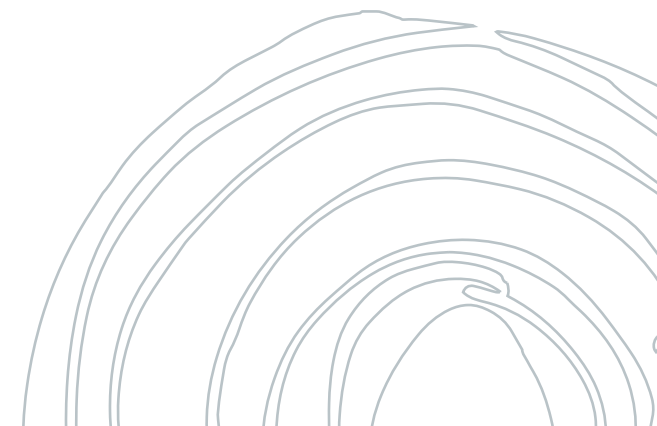
The trend with complaints focussed on GP waiting times. A review of the GP practice model of care was undertaken and the following initiatives implemented :

- ▶ Extra GP priority appointments added to schedules,
- ▶ Additional resources including two GP's and a nurse appointment, and
- ▶ A review of the role of nursing staff improving their capacity within the system



**If you would like to leave feedback about your experience with us please complete**

- ▶ online feedback form located on our website <http://nrch.com.au/contact/>
- ▶ a feedback form located at each of the NRCH reception desks, or
- ▶ contact the Quality Manager, NRCH, 23 Lennox Street, North Richmond Vic 3121 or by phone 9418 9974





## ENGAGING WITH CHILDREN AND FAMILIES

Oscar first met our children's allied health team when he was two and a half years of age. His mum, Li, (names changed) and his maternal and child health nurse were both worried about his speech and language development. Oscar was learning two languages – English and Vietnamese – and was a little later than other children in learning the words and structures, and the speech sounds, in both languages.

Li was very keen to learn how to help Oscar with his speech and language skills. She brought him to the Early Language Group and she learned that playing with him and giving good models of language in Vietnamese (her first language), during play, were a great way to encourage his language skills.

Oscar showed increased development after the group and his mum continued to use the strategies she learned. Oscar came along for further individual therapy in the clinic at various times when he was three, then four years old. Li learned to help him with many language structures and his speech sounds. Oscar especially loved the games and the iPad he used in the clinic. The speech pathologist talked to his occasional care staff, and later visited him at four year old kinder. Everyone worked together to help Oscar communicate.

Oscar has grown into a confident little boy who loves to play and chat with the children at kinder and the park. He loves learning and will go to school next year as a great communicator in both English and Vietnamese.





## ACCREDITATION

NRCH has a number of programs that are accredited by external agencies. In 2016-2017 the following programs were reviewed against national standards and all achieved ongoing accreditation status.

Program	Accreditation program	Accrediting Agency	Accreditation Achieved
Oral Health Program	National Quality & Safety Health Care Standards	Quality Improvement Council	✓
NRCH	Health and Community Services Standard	Quality Improvement Council	✓
General Practice	Australian College of General Practitioners Standards	AGPAL	✓
Occupational therapy and dietetics	Community Care Common Standards	My Aged Care	✓

Highly commended on the strategies it uses for communicating and clients whose primary language is not English—AGPAL surveyor feedback  
- *Client feedback*



“

“Thank you for your GP service this afternoon. I was really opened up to changing my relationship with my health and with medicine and doctors and I had a sense of health and medicine being something other that I had never fully grasped before - and as I sat in the reception area I was very aware through the design and the way the staff worked in the area that safety is a priority and I felt safe.”

- *Client feedback*

Best experience I’ve ever had at a doctors practice. Receptionists were friendly and attentive and the doctor saw me on time and was very knowledgeable. Happy to make this place my regular practice.

- *Client feedback*

## HAND HYGIENE COMPLIANCE

NRCH has an established hand hygiene program that is consistent with the National Hand Hygiene Initiative. All staff are required to comply with directives to support the reduction of healthcare-associated infections through hand hygiene. The focus of NRCH’s hand hygiene program is to improve compliance with best practice hand hygiene processes so that healthcare-associated infections are reduced.

Compliance is monitored internally, and all staff are required to complete the Hand Hygiene Australia online training program and submit a copy of their Certificate of Completion for entry into the internal training database. Our compliance was consistently above the national benchmark with an overall average of 88%. NRCH continues to strive towards its internal target of 95% compliance.

## INFLUENZA IMMUNISATION

Each year NRCH runs a comprehensive influenza program and offers all staff and the community an opportunity to be immunised against the virus. NRCH also provides flu vaccination services to external sites. In 2016-2017 period 180 community members received their vaccination and 70 staff. This figure does not include staff who received their vaccination externally.

## IMPROVING ACCESS TO OUR SERVICES

We have implemented a robust and secure WIFI system available to our clients and visitors attending NRCH. This system is available via a variety of platforms i.e. phones, tablets in Android as well as proprietary software like Microsoft or Apple platforms.

## ORAL HEALTH CLINICAL INDICATORS

Our dental service receives quality reports on clinical indicators from Dental Health Services Victoria each quarter.

This year, we achieved excellent results in the following areas:

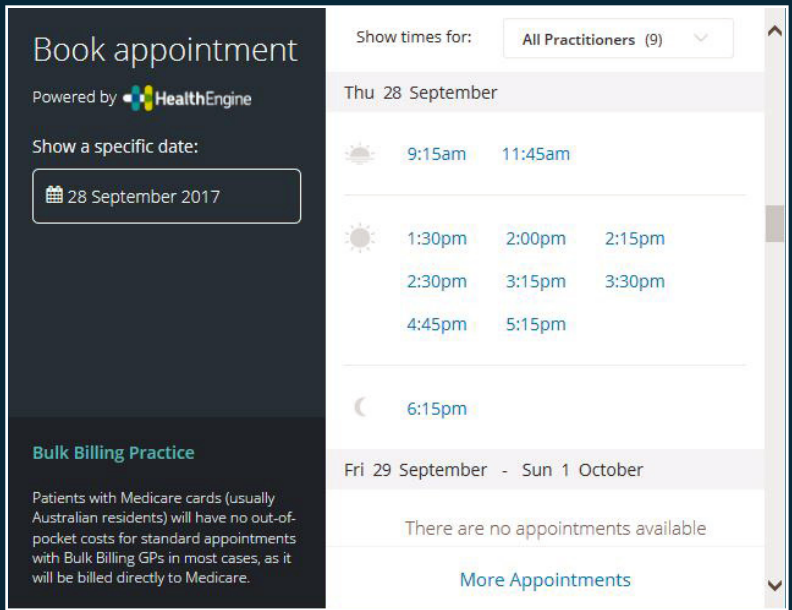
- routine tooth extractions in adults
- Surgical tooth extractions in adults
- root canal work that preserves teeth
- making dentures

In some areas we were outside the normal range of results such as triaging compliance data.

We have conducted an initial review of these results and identified thematic issues in relation to the recording of information and data. A further in-depth review was undertaken on individual episodes.

## Online Booking System for Medical Appointments

We have implemented the use of Health link to enable clients to book medical appointments online at a time that suits them. This portal is available via our website ([www.nrch.com.au](http://www.nrch.com.au)).



### Our Medical Practice saw a

- Total number of appointments in the past 12 months – 28,807 clients seen
- Total number of new clients in the past 12 months – 1874
- Total number of Health Engine Appointments – 1663
- Of this number 728 were new patients.

### The following services are now available at our practice

- Aviation Medicals
- Iron Infusions
- Mirena Insertion
- Nurse Led Pap Smear Clinics



## PUTTING THE MOUTH BACK INTO THE BODY CONFERENCE

In Nov 2016, NRCH hosted its second multidisciplinary health conference, Putting the Mouth Back into the Body.

For too long, oral health has been considered separate from general health. Without an integrated and cohesive healthcare system, valuable knowledge is lost and patients miss out. Putting the Mouth Back into the Body brought together ground-breaking experts from across healthcare, consumers and policy makers, to help form new strategies of care. With the information gained from the conference, NRCH will continue to build on its sector-leading model of care.

Keynote speaker Professor Joerg Eberhard, Chair of Lifespan Oral Health in the Faculty of Dentistry and the Charles Perkins Centre at the University of Sydney, spoke to more than 100 healthcare professionals about the interactions of oral health and general health at all phases of life.

The conference drew a diverse range of professionals together from across the healthcare sector, including GPs, Pharmacists, Maternal and Child Health Nurses, Dietitians, Oral Health Nurses and Researchers. With an emphasis on generating knowledge, rather than simply sharing it, the conference concluded with the development of final conference summary statements, which were disseminated to relevant networks across the sector.

The conference was the second in the Where the Mind Meets the Mouth series. 2015's inaugural conference focused on social determinants of oral health, and aimed to equip clinicians with the skills to support clients experiencing issues like mental illness, family violence and drug use.

For further information  
[www.wheremindmeetsmouth.com.au](http://www.wheremindmeetsmouth.com.au)



“

Very relevant, informative, innovative and comprehensive.

Inspiring and informative.

Excellent information for developing frameworks for a collaborative approach.

Motivating!

- Delegates who attended the conference.

## HEALTH INDEPENDENCE PROGRAMS COLLABORATION BETWEEN NRCH AND ST VINCENT’S

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A team of St Vincent’s Complex Care Service (CCS) clinicians are based at NRCH with the Post Acute Care (PAC) team. Both services work to support hospital demand management and to help reduce the risk of clients being readmitted to hospital by providing a range of supports for clients returning home from hospital. Some of the supports provided include care coordination, linking clients into health and community services, helping clients and their carers navigate the service system, specialist and clinical assessments and practical help at home with day to day activities.

The transition from hospital to home can be difficult for the older person as they often have complex health, aged care and psychosocial needs. The PAC program has worked in collaboration with St Vincent’s CCS to look at ways to better support elderly clients being discharged from St Vincent’s GEM wards (Geriatric Evaluation and Management). The GEM wards provide specialist assessment and management of older people. The complexity of these older clients significantly increases their risk of

hospital re-presentation. St Vincent’s data shows a fairly high readmission rate in this client group.

The trial targeted the most vulnerable clients who were at the highest risk of re-presenting to hospital because of their complex medical conditions, social isolation, cognitive impairment, frailty and carer stress.

We talked to several clients who had been readmitted to hospital about why they thought they came back to hospital, the types of supports they had and the ways in which supports might help them when they went home next time. We used this information to design a different way of supporting these patients to return home.

The care provided during the trial needed to be flexible and meet each client’s individual needs. Key supports were intensive support from a Care Coordinator (Nurse), involvement of the Nurse Practitioner and a higher level of in home care from PAC.

### Clients received

- a Care Coordinator visit whilst in hospital followed by a further visit at home within 48 hours of discharge
- a visit by the Nurse Practitioner at home
- a higher level of PAC services over initial few weeks at home – such as help with domestic tasks, help with showering and dressing, shopping, getting to appointments, in home respite care and home physiotherapy

Over the duration of the trial an average of two new clients joined the trial each week and they were supported for an average of 8-10 weeks after their hospital stay.

Clients and carers were interviewed after participating in the trial and feedback was positive, in particular they found the breadth of care provided and the intensive care coordination support very helpful.

“If you needed her she was there...she organized so many things”

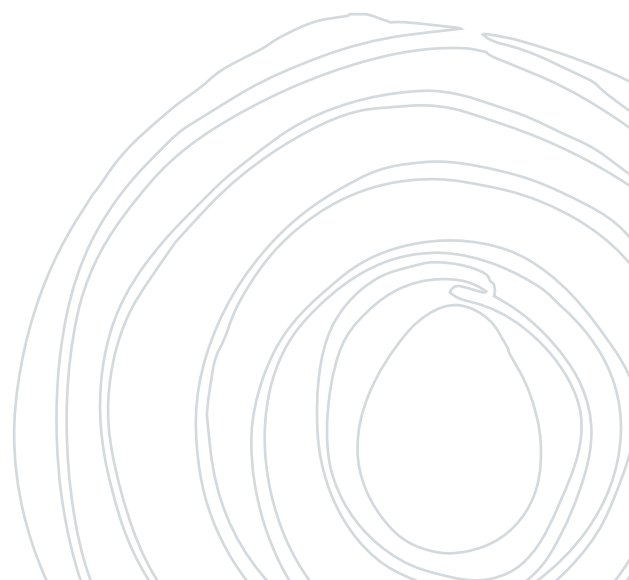
“They were terrific, so attentive, very caring and sincere”

“She was able to organize a Home Care Package for Mum. She took a load off my mind and my hands. She had it all up and going”

Several clients were readmitted to hospital but this was expected as the most at risk clients were targeted for the trial.

The presence of the care coordinator and nurse practitioner on the GEM ward increased interactions and with ward staff. This resulted in increased understanding of the challenges that older clients face returning home and also their knowledge of Health Independence Program and the supports they can provide in the community.

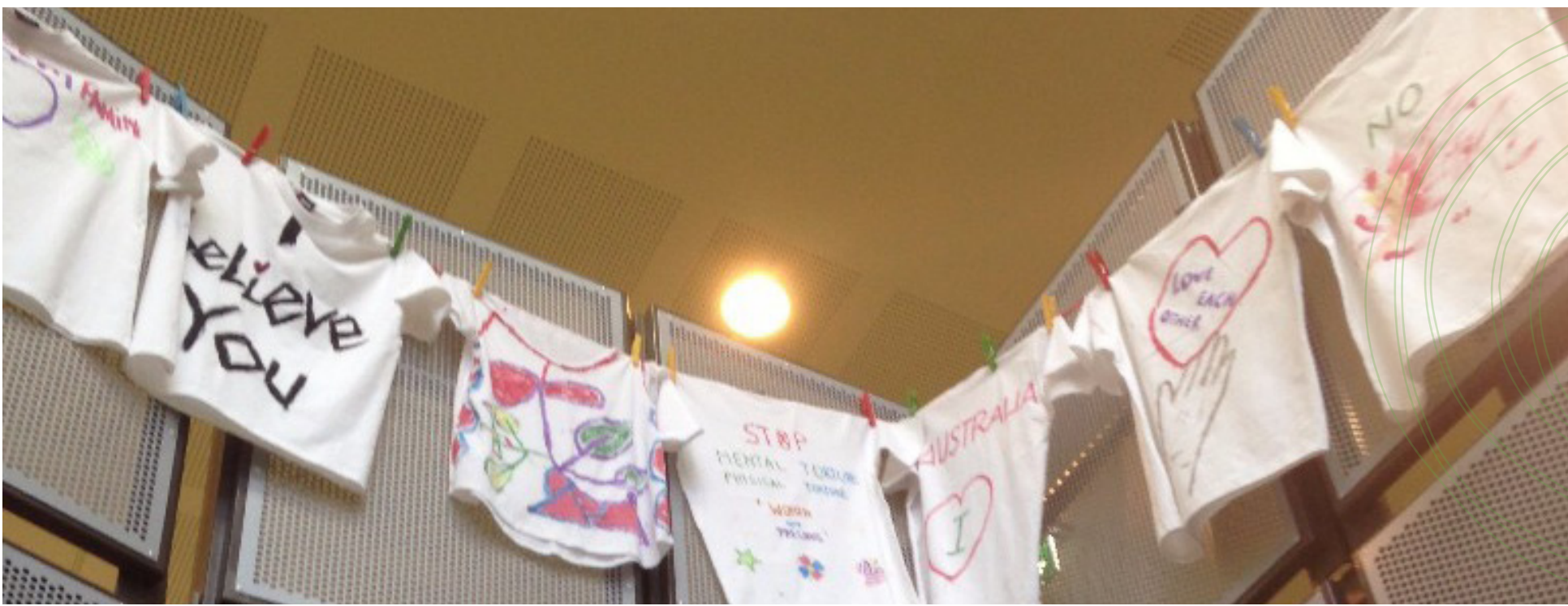
The trial will now become part of our usual service and expanded to other wards at St Vincent’s Hospital





## SUPPORTING A REDUCTION IN FAMILY VIOLENCE

NRCH has, for a number of years, undertaken a range of activities aimed at increasing awareness of and supporting a reduction in family violence. As part of this campaign NRCH marked the first day (17 Oct 2016) of the “Week Without Violence”, which is a worldwide campaign that aims to raise awareness of the impact of family violence, with a community awareness raising event the “Clothesline Project”. Projects of this kind are held all over the world and began in the USA in 1990 to provide a vehicle for women affected by violence to express their emotions by decorating a t shirt. The t shirts are then hung in a public place to be viewed by others as a testimony to the problem of violence against women. NRCH invited the women who have previously attended our family violence support groups to attend as well as all female members of the wider community.



## ABORIGINAL PROJECT IN THE AOD PROGRAM

Aboriginal people who use illicit drugs are among the most marginalized of Australians. Along with particularly high incarceration rates, Aboriginal people who use drugs (PWUD) have higher rates of blood borne viruses including hepatitis B, hepatitis C and HIV than other PWUD in Australia. They also have higher prevalence of sexually transmitted infections (STIs) such as syphilis, gonorrhea and chlamydia. There are many reasons why there are additional issues associated with being an Aboriginal PWUD, including cultural factors, and discrimination and stigmatization that is faced by Aboriginal people all over the country including in mainstream health services. As a result, harm reduction services have struggled to work effectively with Aboriginal communities who need such services. The NRCH AOD program has spent many years learning how to work appropriately with Aboriginal

PWUD, building rapport and providing an inclusive environment. As a result approximately thirty percent of the AOD program’s service users identify as Aboriginal. Over the years, we have assisted our Aboriginal clients to gain housing, maintain health testing and treatment services, and access drug treatment. The AOD program continues to remain committed to working and providing services to the Aboriginal community and build partnerships with Aboriginal community controlled health organisations for better health outcomes.

## NEW GUIDE TURNS THE TIDE FOR FISHERIES VICTORIA

Members of the Karen Community, who in many cases are new to Victoria, love the simple art of fishing. For Fisheries Victoria, getting the best information to this new community to help with promotion of good fishing practice, was a bit of a tricky task.

The Karen people are from Burma and are a growing group in Victoria. Many are from refugee backgrounds and have different levels of English proficiency. Fisheries approached Centre for CEH to work with them and the Karen community to write a guide for the Karen people that was simple and easy to use and understand and explained the most important rules about fishing in inland waters, rivers and at the beaches of Victoria.

CEH found a couple of local Werribee and Geelong services that the Karen people visited regularly and approached them to join us in the project. Fortunately one of the managers of the services was

also a keen fisherman and highly motivated to make fishing a positive experience.

So we talked to a couple of groups of Karen people about how important fishing was in their lives before coming to Australia, how it was understood culturally and what equipment they used. We then talked about sustainable fishing which is easily understood when you fish to feed your family.

Along with the community and Fisheries staff we decided what rules absolutely had to be understood and began a process of simplifying the complicated language of the Victorian Recreational Fishing Guide. Once happy with the simplified text we sent it to the translators and met again with community members to get their views about the translation, how concepts were explained and did it make sense in their language. We also asked questions about how we should distribute the resource and what would be the most useful format for the information to be presented in. As is usually the case the community

members were very happy to provide input.

The final product was a simplified and translated fishing guide for the Karen community in Victoria. Whilst many Karen live around Werribee and Geelong there's also a big population in Nhill who fish the inland lakes and rivers in the area. The communities are closely linked and it is very reasonable to expect that the information has travelled inland to Nhill and to other places where Karen people live.

So two good things came from this - the Karen fishing guide; and the experience that Fisheries gained working alongside CEH and the community. Fisheries staff understand the process to work successfully and respectfully with community should they choose to work with another population in future.





## NATIONAL RECOGNITION FOR ALCOHOL AND OTHER DRUG TEAM

The National Alcohol and Drug Foundation has named NRCH as the winner for Excellence in the Reduction of Harm in the 2017 National Alcohol and other Drug Excellence and Innovation awards.

*"Our community experiences a great breadth of challenges which require unique and innovative responses," says Penny Francis, who manages NRCH's Alcohol and Other Drug (AOD) team.*

*"We are continually seeking new ways to reduce harm and stigma for the community we serve. We're very proud to receive this award, and even more proud of our work with our community."*

The award comes after strong support for NRCH from other organisations.

In a letter of support, Fitzroy Legal Service's executive officer Claudia Fatone wrote:

*"The NRCH AOD Program workers have an intimate knowledge of the legal and non-legal issues facing people who use drugs. Our clients will engage with the AOD workers, disclosing pressing issues to the staff because they are respected, trusted and accessible..."*

*Each and every AOD worker cares for and respects the people they see every day and, as a result, individuals who use drugs listen to and engage with them."*

Odyssey House wrote:

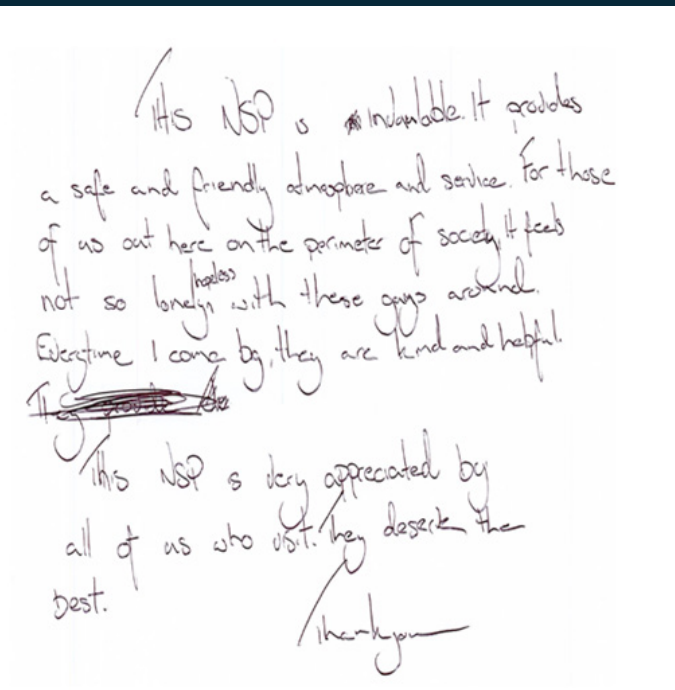
*"The AOD program at NRCH is recognized for its provision of non-judgmental, cost-free and innovative responses to support the health and safety of some of Victoria's most marginalized people who use drugs. The program has been directly responsible for saving lives."*

NRCH provides vital and ground-breaking services for its community. These include a needle syringe program, an outreach program and overdose response. NRCH also provides training for community members to distribute and collect equipment, educate other community members, and respond to overdoses.

These programs are all conducted with careful and thorough consultation with clients, many of whom praise the service.

Despite the work of NRCH's team, clients and community members experience significant hardship and disadvantage. NRCH supports the trial for a supervised injecting facility in the area to further minimise harms and reduce overdose deaths.

*"While it's very rewarding to see our incredibly hard working team receive national recognition, we know some parts of our community are at risk of injury, illness and death. We're committed to doing everything we can to change that"*



*"This NSP [Needle Syringe Program] is invaluable. It provides a safe and friendly atmosphere and service. For those of us out here on the perimeter of society, it feels not so lonely/hopeless with these guys around. Every time I come by, they are kind and helpful,"*  
wrote one client.

# Quality Account Feedback

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

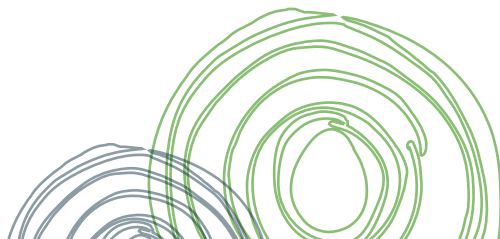
## WAS THE REPORT EASY TO READ?

- ☐ 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:**  
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# Quality of Care Report 2015/2016

The feedback from consumers about this report format and the stories and data in the report was overwhelmingly positive. Readers particularly liked stories about staff who they could relate to.

The main critique was there was too much jargon in the report making it harder for people to understand.

This feedback has informed the design and articles in this year’s report.

# Our services

<b>Medical Services</b>	<b>9418 9800</b>
<ul style="list-style-type: none"><li>GP’s</li><li>Paediatrician</li><li>Psychiatry</li></ul>	

<b>Nursing &amp; Allied Health</b>	<b>9418 9800</b>
<ul style="list-style-type: none"><li>Community health nursing</li><li>Paediatric speech pathology</li><li>Occupational therapy</li><li>Midwifery</li><li>Women’s health nurse</li><li>Dietitian</li><li>Diabetes Education</li></ul>	

<b>Oral Health Program</b>	
<ul style="list-style-type: none"><li>Richmond</li><li>Fitzroy</li><li>Denture clinic</li></ul>	<b>9418 9873</b> <b>9411 3505</b> <b>9418 9873</b>

<b>Counselling and Case work Community Programs</b>	<b>9418 9800</b>
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<b>Alcohol and Other Drug Program</b>	<b>9418 9800</b>
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<b>Inner Melbourne Post Acute Care</b>	<b>9418 9954</b>
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<b>Centre for Culture, Ethnicity and Health</b>	<b>9418 9929</b>
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<b>Co-located Services</b>	
<ul style="list-style-type: none"><li>City Of Yarra Maternal And Child Health</li></ul>	<b>9421 6548</b>
<ul style="list-style-type: none"><li>Fitzroy Legal Service</li></ul>	<b>9419 3744</b>
<ul style="list-style-type: none"><li>Melbourne Pathology</li></ul>	<b>9421 4748</b>
<ul style="list-style-type: none"><li>Australian Hearing and Audiology Services</li></ul>	<b>8610 4300</b>
<ul style="list-style-type: none"><li>Odyssey – Alcohol and Drug Counselling</li></ul>	<b>1800 700 514</b>
<ul style="list-style-type: none"><li>Podiatry Services</li></ul>	<b>9428 4148</b>
<ul style="list-style-type: none"><li>Richmond Physiotherapy Clinic</li></ul>	<b>9428 8862</b>

<b>Group activities</b>	<b>9418 9800</b>
<ul style="list-style-type: none"><li>Companion Animal Support Program</li><li>Social Connectedness through English Conversation</li><li>Homework Support Program</li><li>Tai Chi Group</li></ul>	





north richmond  
community health

## **North Richmond Community Health Limited**

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