



Mercy Health
Care first

Mercy Health

2010-11 Annual Report



Contents

Mercy Health – Grounded in a tradition of care

Our organisation brings together people of all faiths and cultures bonded by common values to care for people at every stage of life.

Caring for people's health and wellbeing

We endeavour each day to meet the needs of those who turn to us for care in our hospitals, in our clinics and in the community.

Caring for older people

Through our aged care services we provide residential care for older people so they can live comfortably, be active and have the best day that is possible for them.

Caring for people in the community

We support many older and disabled people to remain in their own homes and live as independently as they can.

Supporting our people

To care effectively for our patients, clients and residents we must also care for our people.

How we govern ourselves

Mercy Health is a private organisation founded and wholly owned by the Sisters of Mercy, Melbourne Congregation and is governed by the Mercy Health Board.

A performance snapshot

An overview of Mercy Public Hospitals Inc workforce data, access and activity data and statutory requirements for the 2010-11 financial year.

Grounded *in a* tradition of care



As a Catholic organisation Mercy Health is grounded in a 2,000 year tradition of providing compassionate care to people in body, mind and spirit. As a ministry of the Sisters of Mercy, we continue Jesus' mission of love and healing. We act on behalf of justice and care for others when they are most in need.

Our organisation brings together people of all faiths and cultures bonded by common values that guide our interactions with each other and those we serve. We draw on these values and our collective strength to care for people at every stage of life.

We honour the links to our past when in 1857 the Sisters of Mercy arrived in Victoria to care for women and children and empower them through education, healthcare, housing and employment. Today we continue to reach out and make services available to people where they need it, whether it is at home, in a hospital or a clinic. We seek guidance from cultural leaders and work with other

care professionals so we can tend to the physical, personal, social and spiritual needs of each person. We help people in hospital and when they return home from hospital care; we assist people with special needs to live independently at home; and we care for older people in residential settings while they stay connected to their family, friends and community.

There are many examples of the way we care for women, babies and families and support them along their journey. In the next section we share part of the journey taken by one family, originally from Ghana, who needed to bring an aunt from overseas to help look after their triplets and two older children, and how staff from the hospital helped the family achieve this.

Staying true to our mission

The contribution of the many thousands of lay people working with the Sisters of Mercy in health, aged and community care is essential to the continuation of the ministries and the legacy of our foundress, Catherine McAuley.

To assist those working in these services, a series of Mercy Ethos Programs is offered to ensure our founding story is understood and people are able to work more consciously in the spirit and values of Mercy.



Caring for people in the community.

"Compassion to me is knowing one's differences, understanding them, accepting them and embracing them. It means putting others first and caring for one another with genuine concern and dignity in a socially inclusive way."

Justin McCarthy, Mercy Place Rice Village

Grounded in a tradition of care

Compassion Hospitality Respect Innovation Stewardship Teamwork

Grounded *in a* tradition of care

"I was grateful when an opportunity to participate in the first non residential Mercy Ethos Program was offered to me this year. The two full day sessions provided me with background and context about Catherine McAuley's life that I hadn't known before. Engaging with participants from other Mercy ministries through shared stories inspired me and fostered time for self reflection. I feel motivated and encouraged about my place in the Mercy story and look forward to inspiring others and living the Mercy values."

*Summer Tylor,
Support Services, Mercy Health*

“We continue to create who we are by the stories we tell.”

Sr Carol Wheeler rsm

"The Sisters of Mercy have been at the forefront of healthcare, education and social welfare in Victoria for over 150 years. Originally based in Fitzroy, the Sisters worked in association with the Catholic Church, with government bodies and service providers from non religious organisations to deliver care where it was needed. Unwavering in their aim to create opportunities for women and children through education, the Sisters of Mercy became a strong presence in Victoria and Tasmania, and Mercy schools were important in the Catholic education system. After the 1919 influenza epidemic, the Sisters opened their first Victorian hospital, St Benedict's in Malvern (1920). The Sisters later opened Mercy Private Hospital (1934), Mercy Maternity Hospital (1971) and Werribee Mercy Hospital (1994). Striving always to meet the changing needs of the community, they saw that aged care and mental health services needed to be included in the Mercy charter, and

"For me hospitality is about being at home with oneself - then we can be open, offering welcome, enabling others to be at home and comfortable in this place."

*Mary Klasen,
Mercy Hospital for Women*



Our carers are committed to assisting people live independently at home.

tradition of care

in 1996 formed “Mercy Health & Aged Care” to provide these health and aged care services. In 2008, the organisation became “Mercy Health” to reflect the increasing range of care needs across the community. With the mission to follow Jesus Christ in His mission of mercy through the delivery of health, aged care and community services, Mercy Health remains true to its Catholic heritage yet welcomes people of all faiths and no faith to support and care for those in need.”

Sr Kathleen Tierney rsm, Sisters of Mercy, Congregation Leader, Melbourne

Our vision is to build an enduring capacity and passion to serve those with special needs. Through our ministry we touch the lives of nearly half a million people in Victoria, southern New South Wales and the Australian Capital Territory each year.

By holding steadfast to our commitment to care, we remain focused in our work. And in the words of Catherine McAuley, “thus we may hope to get on, taking short, careful steps”.

Mercy Health respects the dignity of each human being and is committed to caring for people at every stage of life: from birth until death. We do this through health care, pastoral care, personal and community care, aged care and clinical research.

“As Chairman of Mercy Health I echo the feelings captured by our people and our Congregation Leader as we share with you some of our history and commitment to providing compassionate care to those in need.

“It is a privilege to be part of an organisation whose past and whose purpose is so profoundly dedicated to the wellbeing of others, and to work each day with people who share a philosophy of care.

“I represent not only a Board of dedicated and highly skilled professionals who come together to ensure the long term sustainability of Mercy Health, but also the Sisters of Mercy who have put their trust in us to continue their mission.

“This trust extends to the many thousands of people who make up Mercy Health. Each and every person who chooses to work with us brings their own unique skills and talent which, when pooled together and supported by the organisation, allows us to care for those in need and continually advance the way in which we do this. As a Board we will continue to strive not only towards improving Mercy Health’s ability to care for others, but to improving the welfare, wellbeing and continuing personal development of all our people.

“As the Sisters of Mercy have always done, we look to see how we can meet the needs of our time. Together, we dedicate ourselves to helping people achieve a way of living that is meaningful to them.”

Julien O’Connell, Chairman, Mercy Health

A long term commitment to care

We continue to build our capacity to provide care – today and into the future. A philanthropic gift entrusted to Catherine McAuley enabled her to dedicate her life to caring for those in need, and eventually to found the Sisters of Mercy. Such foresight provides the inspiration that is captured in today’s Foundation.

Mercy Health Foundation secures philanthropic support and donations for all areas of Mercy Health so that we can, first and foremost, provide care. These gifts go directly toward clinical research, teaching, training and development.

“To me respect is valuing the worth of others. When we show respect for each other’s qualities, abilities and rights it allows us to work together for the best outcomes wherever we are.”

Janet Weyers, Mercy Care Centre Young



Grounded *in a* tradition of care

Our scholarships foster learning, promote excellence in care and provide financial assistance to Mercy Health employees who are further developing their professional expertise.

One such scholarship is the Diana Morgan Memorial Scholarship, which was established in 2010 to honour and acknowledge the lifelong commitment Diana Morgan made to her profession and the dedicated service she gave to Mercy Hospital for Women.

Diana was a valued member of Mercy Hospital for Women's Special Care Nursery where she spent 26 years of her career (1982-2008) delivering care to those in need. Her devoted service to neonatal nursing at Mercy Hospital for Women and professional bodies associated with this specialised nursing earned her the respect and admiration of her peers. She is remembered by her colleagues for her calm nature and as someone who was always caring, approachable and dedicated to providing the best possible care for babies and mothers in the Special Care Nursery.

The Foundation also seeks to finance unique projects such as the Mercy Health Breastmilk Bank and the Sheila Handbury Chair of Maternal Fetal Medicine at Mercy Hospital for Women to meet special needs within the community. In addition, a memorandum of understanding for a Chair of Aged Care has been signed between Mercy Health and Australian Catholic University. Recruitment to the position is underway and Mercy Health Foundation is supporting the fundraising for this new Chair. It aims to secure donations and build a sufficient amount to ensure this professorship is fully endowed and will be part of our commitment to aged care in the decades ahead.

Our commitment to education, research and innovation is also reflected through the work of Mercy Health Training Institute, a registered training organisation that provides nationally recognised training and professional development so people can thrive in their chosen fields.

The Institute works with Mercy Health and other organisations to create relevant and inspiring pathways for those choosing a career in health, aged and community care.

"To me innovation means moving forward in health and wellbeing by finding new methods and new ways of thinking. Being part of the Redesigning Hospital Care Project allows me to provide new tools so we can better care for the community."

John Stafford,
Werribee Mercy Hospital



Through Mercy@Home, mothers and babies can be cared for in the community by registered midwives.

Training the health professionals of today and tomorrow



Through Mercy Health Training Institute, Year 10-12 students from Banyule and Nillumbik have been participating in a pilot program that provides an alternative health career pathway.

Students have been undertaking structured class based learning in conjunction with workplace learning to reinforce the value of “hands on” experience. This learning is directly linked to the Certificate III in Allied Health Assistance VET qualification.

The pilot is the only structured program in Victoria to provide secondary school students with access to health services. It also shows students there are ways to access a career in the health industry outside the VCE system.

Grounded in a tradition of care

Compassion Hospitality Respect Innovation Stewardship Teamwork

Caring for Callum



We support each other professionally and personally. Many times we need to care for our own people in the way that we care for members of our broader community.

Callum McCarthy, son of Justin McCarthy, Service Manager at Mercy Place Rice Village in Geelong, was born at Werribee Mercy Hospital in 2006 and diagnosed with congenital heart defects 24 hours after birth.

Since then Callum has undergone open heart surgery four times and the McCarthy family has experienced countless hospital visits and medical tests with him. To support the McCarthy family, several fundraising activities were organised across Mercy Health to help purchase a coaguheck machine that will make a significant difference to Callum's life.

During a presentation celebration this year Justin said, "The support I have received has been overwhelming... I am proud to work for an organisation with such great values."

Callum has touched the hearts of the Mercy Health community.

Caring for each other

Mercy Health is made up of a network of people passionate about caring for others, whatever the care setting. We value the experience, skill and diversity that our teams bring to our culture of care, and we are enriched by our collaborations with colleagues, partners and other Mercy ministries.

We are committed to continual learning and professional development so we can continue to provide care that is relevant to our changing communities.

Many of our workplace programs and culture and diversity initiatives have been recognised locally and nationally, and we have received the Equal Opportunity for Women in the Workplace Agency's (EOWA) Employer of Choice for Women citation four years in a row.

"We are blessed to have some of the most committed people working for us, people who share a common bond to care for those in need.

"We are proud of our reputation as a caring and quality provider of health, aged care and community services. We are equally committed to ensuring the work entrusted to us by the Sisters of Mercy continues to grow and develop, and that it is lived each and every day in the actions and behaviours demonstrated by our people.

"While it is not possible to name every person who has made a contribution to Mercy Health, we acknowledge the outstanding work undertaken over the last 11 years by our previous Chief Executive Officer, Dr John Ballard. John has helped shape Mercy Health into a strong and vibrant ministry capable of meeting the many challenges in delivering health, aged and community care services to some of the most vulnerable people in our society.

"It is humbling to be able to lead such an outstanding organisation which has the most wonderfully talented and committed people and a charism that is unique and singularly focused on caring for those in need."

*Stephen Cornelissen,
Chief Executive Officer, Mercy Health*



The Mercy Health Jobs Expo is an opportunity for people seeking a career in care services to find out more about health, aged care, home and community care.

"To me stewardship is of central importance. It links closely with the way we embrace all Mercy Health values and the way we model our values. It is expressed in the service I provide to clients and in the way I interact with other people at Mercy Health."

*Garrett O'Dowd,
Mercy Grief Services*

Grounded in a tradition of care

Compassion Hospitality Respect Innovation Stewardship Teamwork

Grounded *in a* tradition of care

“To me teamwork means staff working together and supporting each other by acknowledging and using each other’s unique skills to achieve the best individual care for our families.”

Sue Breese, Mercy Health O’Connell Family Centre

Our locations

We have hospitals, clinics, early parenting services, mental health programs, palliative care services, home and community care, transition care programs and residential aged care facilities in Victoria and southern New South Wales, and we provide home and community care in the Australian Capital Territory.

Health Services

Victoria

Mercy Hospital for Women, Heidelberg
Well Women’s Clinic, Ivanhoe
Mercy Health Lymphoedema Clinic, East Melbourne, Heidelberg
Mercy Health O’Connell Family Centre, Canterbury
Werribee Mercy Hospital, Werribee
Mercy Mental Health, Werribee, Footscray, Hoppers Crossing
Mercy Palliative Care, Sunshine

New South Wales

Mercy Health Service Albury
Mercy Care Centre Young

Aged Care

Victoria

Mercy Health Bethlehem Home for the Aged, Bendigo
Mercy Place Colac
Mercy Place East Melbourne
Mercy Place Fernhill, Sandringham
Mercy Place Montrose
Mercy Place Parkville

Mercy Place Rice Village, Geelong
Mercy Place Shepparton
Mercy Place Warrnambool
Mercy Place Wyndham

New South Wales

Mercy Place Albury
Mt St Joseph’s Nursing Home, Young

Home and Community Care

Victoria

Mercy Health Home & Community Care, East Melbourne, McKinnon, Mitcham, North Melbourne, Parkville
Mercy Health Best of Care, Colac, Hamlyn Heights, Manifold Heights
Home HealthTrack, Parkville

New South Wales

Mercy Health Home & Community Care, Albury, Sydney, Young

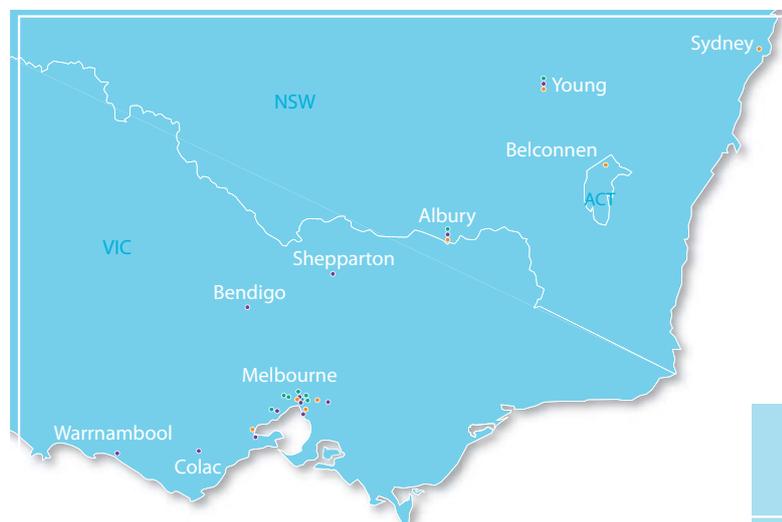
Australian Capital Territory

Mercy Health Care on Call, Belconnen

Education and Training

Victoria

Mercy Health Training Institute, Parkville



Health Services Victoria



Mercy Hospital for Women

Specialists in women's and babies' health

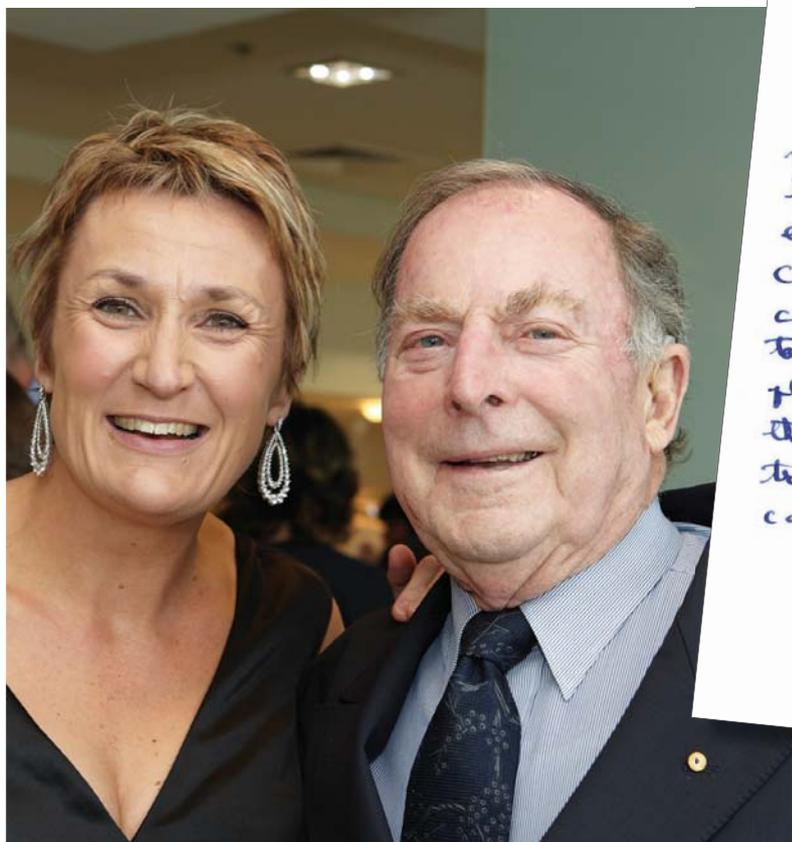
We are guided by our values as we provide compassionate care for those who are vulnerable and in need. In the words of Catherine McAuley, "our name is Mercy; our spirit is compassion". This focus keeps us steady through changing times and changing practices in the delivery of health services.

Mercy Hospital for Women is one of the most innovative and technologically advanced tertiary women's and babies' hospitals in Australia. An accredited Level 3 specialist teaching facility, we are committed to increasing our knowledge and expertise so we can provide the best care for women, babies and families in our diverse community.

Key achievements

The past year has seen two significant initiatives come to fruition. In November 2010 Professor Sue Walker was appointed to the newly created position of "Sheila Handbury Chair of Maternal Fetal Medicine" at Mercy Hospital for Women. This position is a first for Australia and will act as a focus for research, teaching and training in maternal fetal medicine.

Our aim in maternity care is to obtain the best possible outcomes for mothers and babies. In the Department of Perinatal Medicine we care for some of the most vulnerable women and babies, many of



Professor Sue Walker, Sheila Handbury Chair of Maternal Fetal Medicine, and benefactor Geoff Handbury AO.

One of my earliest memories of the Sisters of Mercy is caring for my mother, in the early 1930's, at St Benedict's (now Cabrini). These fond memories continued when Helen gave birth to our children. Now, I am pleased to support this Chair that will continue the legacy tradition of care, innovation and compassion.

Geoff Handbury

Geoff Handbury's letter of support for the "Sheila Handbury Chair of Maternal Fetal Medicine".

Health *Victoria* Services

whom are at risk of disability or death as a consequence of complications in pregnancy. We aim to support each pregnancy to attain the best quality of life that is possible. Providing leadership in this vital area is critical to our mission.

“It is important that we are a consulting resource for our metropolitan, our regional, our rural and remote neighbours,” says Sue. “And it matters to the mothers and babies of the future that we are a leading site of teaching, training and research.”

The appointment is a joint venture between Mercy Health and The University of Melbourne, supported and fully funded through the work of Mercy Health Foundation and the generosity of benefactors, in particular Geoff Handbury AO. It is a potent example of the way in which our commitment to women’s and babies’ health has been held since the Sisters of Mercy began their work in 1831.

Another project milestone was the opening of Mercy Health Breastmilk Bank in February 2011. A first for Victoria, the bank collects breastmilk from mothers who have had a baby at Mercy Hospital for Women then screens, pasteurises and delivers the donated milk to sick and premature babies in the hospital’s Neonatal Intensive Care Unit and Special Care Nursery. We hope to build this service in the future so it may extend to other Victorian hospitals caring for sick and premature babies.

Mercy Health Foundation is grateful to all the donors who turned this vision into a reality after nearly two years of campaigning. Fundraising continues as we raise money to endow Mercy Health Breastmilk Bank to ensure its ongoing presence and growth.

We thank everyone whose efforts and dedication contributed to these achievements.



Helping people on their journey

This year saw a record number of births, including five sets of triplets.

For Leticia and her husband Hayford, who were originally from Ghana, the unexpected news that they were going to have triplets had many personal and social implications. In the months leading up to the birth at Mercy Hospital for Women, Wemi Oyekanmi, our African liaison, Jane Middleton, a social worker, and a number of medical staff gathered around the family to support them on their journey.

As they have limited extended family in Australia, Leticia contacted an aunt in Ghana to see if she could come across and help with the new babies as well as their eight year old daughter and three year old son.

*Hayford and Leticia
with their triplets,
now four months old.*

Jane assisted with the family's visa application and followed up with the Immigration Department so Leticia's aunt could arrive in time for Hayford to return to work when the babies came home. Wemi supported the family with other application processes and maintained open communication between the medical team and the family to manage any complications in the pregnancy. Leticia developed gestational diabetes and received training and help with monitoring her sugar level from Deb Boyce, the diabetes educator.

Leticia gave birth at 34 weeks to healthy babies who spent three weeks in the Special Care Nursery. During this time the nurses kept Wemi informed of the babies' progress as they waited for Leticia's aunt to arrive.

The triplets are now four months old and Leticia and Hayford have just visited the hospital to say thanks to their doctor and visit Wemi and Jane.

"So far so good," said Hayford. "We are really happy with the way everyone looked after us and everything they did to help us."



A friendly place to work



As a midwife whose career spanned 41 years, Wendy Leggett has helped many hundreds of babies come into the world. She has touched the lives of as many families and has seen changing technologies in the care of newborn babies and the management of women's health. She has also seen the development of two new maternity hospitals in a 40 year period: Mercy Private Hospital and Mercy Hospital for Women.

Through all of these changes, a constant has been her dedicated service.

In 1969 Wendy began her midwifery studies at Mercy Private Hospital and was one of only six young women in that student intake. She began work at the new Mercy Maternity Hospital in 1971, which was built during her training.

"I watched a hole in the ground turn into a hospital," she said.

Wendy continued with the hospital when it was relocated to Heidelberg in 2005. As the longest serving midwife at Mercy Hospital for Women, Wendy said it was the friendliness of the place that meant the most to her. "I liked the people and the work. I knew the staff from the cleaners to the cooks to the carpenters. It always felt like home."

After four decades Wendy knew when it was time to "call it a day". We thank Wendy for her deep commitment to care for mothers and their babies and her devoted service to Mercy Hospital for Women.

Record birth numbers for 2010-11

- 5,737 mothers
- 5,865 babies
- 2,949 boys
- 2,916 girls
- 118 sets of twins
- 5 sets of triplets

During the year our latest graduates from the Master of Midwifery program at La Trobe University celebrated their achievements at a graduation ceremony. The program allows midwives in current clinical practice to advance their theoretical knowledge and clinical skills while continuing to care for women and babies in the clinical setting.

Research for better care outcomes

Our commitment to continuous improvement in care is reflected through the many research projects that are conducted at the hospital and in partnership with other organisations. This year Mercy Hospital for Women led a study into the amount of time it takes an epidural to provide satisfactory pain relief for women during labour. Overseen by Clinical Associate Professor Scott Simmons, Head of Anaesthesia, the study focused on the efficiency rather than the effectiveness of epidurals.

Data was taken from more than 300 patients at Mercy Hospital for Women and the Women's and Children's Hospital, Adelaide and researchers found that it can take up to two hours for an epidural to provide pain relief with the average time being about 60 minutes. Scott said previous studies

had concentrated on the effectiveness of epidurals whereas women with labour pain want to know how long it will take for them to get comfortable.

These research findings were presented at the Australian and New Zealand College of Anaesthetists' annual conference.

Research efforts are supported across Mercy Health. Funding is received through Mercy Health Foundation, external funding bodies and a range of project partners. All research projects conducted at Mercy Health are first approved by the Human Research Ethics Committee.

Redesigning hospital care

We are implementing a range of programs to improve the delivery of care. One such initiative is the Victorian Government's Redesigning Hospital Care Program, which uses a systematic approach to analyse and improve processes. In a redesign review of the outpatient gynaecology booking process at Mercy Hospital for Women, the booking process time decreased from 35 days to around three days.

The Redesigning Hospital Care Program is currently undertaking the following government funded projects: "Mercy Hospital for Women Obstetric Throughput Project" and "Werribee Mercy Hospital Emergency Department Throughput Project".

Several self funded projects are being conducted at Mercy Hospital for Women and Werribee Mercy Hospital: "Werribee Mercy Hospital HARP Throughput Project", "Werribee Mercy Hospital Ambulance Transfer Review", "Mercy Hospital for Women Outpatients

"Thank you for your kindness and caring. We had such a positive experience both during our labour and in the days following. Most of all, thank you for respecting our breastfeeding plan. After having a first born who would not attach, breastfeeding was a high priority for us with our second born and we're proud to say that all is going well!"

thank you

Department Gynaecology Throughput Project" and "Mercy Hospital for Women Operating Room Throughput Project".

Over the next 12 months the Mercy Health Redesigning Hospital Care Program aims to increase the redesign capability throughout Mercy Health. A Redesign Education Program is currently being developed to assist in this objective.

Improving gynaecological services

Plans for a restructure of the general gynaecology service also continue. Our aim is to improve the breadth of outpatient services and to foster individual units of excellence and service within each outpatient and surgical team. The restructure also aims to

Health Services *Victoria*



improve people's outpatient experience, particularly in the area of GP referral processes, and improve outpatient and operating theatre utilisation within the confines of existing resources. We also anticipate improved teaching, training and research opportunities for medical and nursing staff. We acknowledge the enthusiasm and commitment of our staff in taking on such a challenging project.

Linked through the generations

Mercy Hospital for Women has a long history of working with Aboriginal and Torres Strait Islander mothers and

babies. A number of women who had their babies at the hospital are now seeing their children and grandchildren having their babies at the hospital.

Our Aboriginal Women & Family Support Unit, Transitions Clinic and, more recently, the New Directions "Nangnak Wan Myeek" program help us shape and improve the services we provide. This includes training our staff to identify Aboriginal and Torres Strait Islander clients so we can offer them further support, orientation to the Aboriginal Women & Family Support Unit and the Nangnak Wan Myeek program, developing a plan to roll out a comprehensive cultural awareness

training program, and the formation of the Aboriginal Consultation Committee.

We are proud of the close working relationship with the Victorian Aboriginal Health Service (VAHS). Many mothers are referred to the Transitions Clinic through a shared care arrangement with VAHS, which means women can choose to have most of their care through VAHS and attend the hospital for key appointments and the birth.

We received funding to implement the findings of the Improving Care for Aboriginal and Torres Strait Islander Patients and the Koori Mental Health Liaison Officer Review. This will help us improve our strategic approach to working with Aboriginal and Torres Strait Islander patients and improve the delivery of services within the hospital.

"To all the midwives, we cannot thank you enough for making our first son's birth a positive, calm and empowering experience and for all the care during a teary and hormonal postnatal period. We are now happy and feeding well at home (five hours straight sleeping last night!)."

thank you

thank you

"I just want to thank all the staff that have dealt with me throughout my operation and follow up examination and physiotherapy. I can't tell you how much I appreciate the comfort and help I have received and I leave with a very good feeling about Mercy Hospital for Women and staff."

Taking the stress off

Baby Dallas was born at Mildura Hospital but had to be transferred to the Special Care Unit at Mercy Hospital for Women.

Dallas's mum said, "I would not have been able to cope without the support of the Nangnak Wan Myeek worker Aunty* Lyn Briggs and Michelle Donovan at the Aboriginal Women & Family Support Unit. The support given to me with transport from Lions House to the hospital to visit my new baby in the Special Care Nursery, the doctor's appointment for my sick toddler and to apply for a new Medicare card all helped us.

My partner, being a very quiet natured person, felt comfortable with all the support that was offered. It took a lot of stress off him knowing that I was being supported while he wasn't there."

**Many Aboriginal people acknowledge elders and leaders as "aunty" or "uncle", even if that person is not blood related as this is a sign of respect. "Adopt an Aunty" is a volunteer program we are working to establish, based closely on the Mentoring Mums program developed by the Children's Protection Society, which will provide an opportunity for more experienced Aboriginal mothers to work with mothers in need of extra support. This is an opportunity for aunties to share their experience and skill and provide some practical assistance to mothers.*

Clear pathway for New Directions



Illana Atkinson, daughter of Cecily Atkinson, Aboriginal Hospital Liaison Officer, sings at the NAIDOC Week celebrations at Nangnak Wan Myeek.

The New Directions program, “Nangnak Wan Myeek”, is a Mercy Hospital for Women program funded by the Office of Aboriginal and Torres Strait Islander Health to improve the health of Aboriginal and Torres Strait Islander mothers, babies and children aged up to eight years.

Since April this year, Sally Missing, Program Manager and Lyn Briggs, Aboriginal Engagement Officer have brought their own skills and passion to the program.

Sally believes that working with women and their babies is the best time to improve the long term health of Aboriginal and Torres Strait Islanders. “I am impressed with the level of commitment at Mercy Hospital for Women to improving Aboriginal health,” said Sally. “The staff are very inspiring and dedicated.”

She said one of the advantages of having a program like Nangnak Wan Myeek based at Mercy Hospital for Women is that they can build capacity across a number of services within the hospital.

While Lyn Briggs, Aboriginal Engagement Officer, formally began with Nangnak Wan Myeek earlier this year, she has been connected with the program since it began.

Lyn created the design for Nangnak Wan Myeek when she first spoke to people working in the project about their vision for the service. “Aboriginal people are visual people. For us pictures tell the story.”

The Wurundjeri name “Nangnak Wan Myeek” was given by Aunty Joy Murphy after the painting was made. It means “nurture, care and look after me and mine”.

“The whole process shows how the story was gathered,” said Lyn. “It’s a cultural process, it shows ceremonial respect.”

Lyn says the local Aboriginal community recognises that the approach of the program is good, that their needs have been identified and that their views are being supported.



Nangnak Wan Myeek – “Nurture, care and look after me and mine”

Caring for the whole person

Our holistic approach to care includes caring for the emotional and spiritual needs of each person. Pastoral care is available at every Mercy Health facility so that patients, residents, families, carers and staff can be acknowledged in their time of need and give expression to their experience. Guidance and education is also offered through pastoral care.

At Mercy Hospital for Women pastoral care is regularly offered to maternity, gynaecology and oncology patients so they can make meaning of their experience and build their inner resources. Pastoral care is also available to patients and families experiencing grief around pregnancy loss, perinatal death, having a baby in the Neonatal Intensive Care Unit or Special Care Nursery or loss of independence.

The Mercy Clinical Pastoral Education Centre provides training in pastoral care and clinical placements can be arranged in all Mercy Health facilities.

"It's so nice to have someone who comes around, who's gentle, interested in how you are and listens to you without trying to fix everything up. Every hospital should provide pastoral care. It's very calming and reassuring to know you're around, even when you walk by and smile."

thank you

Women centred care

The Well Women's Clinic is a woman centred community service run by female nurses that supports patients holistically and aims to reduce the anxiety that many women feel about managing their health.

The clinic cares for women of all ages within the nursing scope of practice and refers patients to Mercy Hospital for Women for a range of reproductive and women's health issues. Patients are also referred to the clinic by other health services.



Nurses at the Well Women's Clinic provide holistic support to women of all ages.

Health Services *Victoria*

“Respected and treated like an individual”

Carly has had a lifelong connection with Mercy Health. Born at Mercy Maternity Hospital, she has received treatment at the Well Women’s Clinic for over 17 years.

In 2003, Carly underwent surgery and had a number of health issues to manage. “While I was being treated at the hospital I was also attending the Well Women’s Clinic,” said Carly.

“At the time I needed to stop smoking and was given a lot of personal support at the clinic. In particular I was seeing Bernadette who was very kind, gentle and caring. I felt I was treated like an individual. I could talk about anything.

“I really like going to the clinic. It’s out of my way, but it’s worth the drive and the effort. I like seeing all the different women who come in. The clinic looks after anyone who has a problem.

“The women who work there are open and friendly. Bernadette and Cathy have been there a long time and it’s good to have that ongoing relationship.”

Carly adds, “Some women’s health issues can be confronting. It’s not an area of comfort for women, so I’m happy to keep going to the clinic. People make or break a place. I like the positive thoughts and clear information I get.”

In gratitude for the many years of compassionate care and support, Carly made a donation to the clinic this year.

“My grandmother supported charities and I donate now too. Mercy Health is a reputable organisation and it stands on its own. I felt it was important to give something back after so many years.”



Women can be referred to the clinic by other health services or they can refer themselves.

Summary of patient satisfaction

In 2010, a survey of 100 patients attending the Well Women’s Clinic showed that 96 per cent:

- Found the clinic environment comfortable and respected individual requirements
- Felt confident they could discuss any issue or concern regarding their health
- Had no issues unmet by the women’s health nurse
- Received either verbal or written information that met their needs

The same survey found that 84 per cent of patients felt they were given sufficient time during the consultation.

Caring for people with lymphoedema

Mercy Health Lymphoedema Clinic is a specialist service that provides assessment, education and management for people with or who are at risk of developing lymphoedema.

We have a clinic in East Melbourne and Mercy Hospital for Women. We also work with other organisations to provide better continuity of care for patients. To this end we partnered with The Royal Children's Hospital to establish the Collaborative Paediatric Clinics so that young people can receive coordinated care across both health services.

With increased communication between Mercy Health Lymphoedema Clinic and The Royal Children's Hospital Vascular Anomalies Clinic we have been able to work more closely in assessing paediatric patients. An honorary position was established for a paediatric consultant from The Royal Children's Hospital to attend assessment clinics at Mercy Health Lymphoedema Clinic. Sharing skills and expertise in this developing field is not only enhancing the service to patients but supporting significant professional development for all staff at the clinic.

A NEMICS (North Eastern Metropolitan Integrated Cancer Service) grant was awarded to the clinic to mentor lymphoedema practitioners who have recently begun practising in the region. This is an exciting project for the clinic and the first time that formalised mentoring has been provided in the field of lymphoedema.

While we look for partnership opportunities, we primarily provide our highly specialised services and education programs through Mercy Health Lymphoedema Clinic. A recent initiative is the "Young People's Days", a specific care program for young people conducted at Mercy Health Lymphoedema Clinic, which gives them an opportunity to get together, learn together and share their experiences.

All our staff attended a one day workshop in the Flinders Program of Chronic Condition Self Management, which has enhanced the way we deliver self management support. We are also providing dietetic services and have introduced weight management classes. These have been very popular and planning is underway for an eight week program to be run by the dietitian and allied health assistant.

Penelope Sanderson, Mercy Health Lymphoedema Clinic Manager, attended the Third International Lymphoedema Framework Conference in Toronto and was invited to be part of the international group working to improve services for children and young adults with lymphoedema. The group is working on a Quality of Life tool for children, which is yet to be validated. This international exchange will add greater depth to the work that is being done with young people at the clinic.

Kids

Care for kids



Thirteen year old David is a bright, active boy who describes himself as a “normal kid with big feet”. The reason his feet are sometimes a bit big is that he has lymphoedema in his lower limbs.

David was diagnosed when he was 10 days old and was taken to The Royal Children’s Hospital for treatment and management. He attends the Collaborative Paediatric Clinic and has starting going to the specific care program at Mercy Health Lymphoedema Clinic.

As David said, “It’s good to know I’m not alone. Everyone else in the room has lymphoedema, so that’s reassuring.”

David has to make health management decisions on a daily basis, but it doesn’t stop him from enjoying his life to the full. He loves sport and has a brown belt in karate. He also plays tennis, soccer, table tennis, volleyball and was in Little Athletics for five years.

He knows what he needs to do to look after himself. Sometimes after sport David lies down to rest his feet. He tries to remember to moisturise his feet after a shower and massage his limbs daily. “It’s really not too difficult,” he says.

With the support of his family and friends – and a good deal of self awareness – David says, “I have lymphoedema, but so what? It doesn’t stop me from being a normal kid and doing what a normal kid does.”

Other key achievements

- Mercy Hospital for Women celebrated six years at Heidelberg
- Transitions Clinic celebrated 10 years at Mercy Hospital for Women
- Urogynaecologist Peter Dwyer, Mercy Hospital for Women, was appointed full clinical professor by The University of Melbourne
- Mercy Hospital for Women welcomed accomplished obstetrician, gynaecologist and researcher, Associate Professor Stephen Tong to the team
- Penelope Sanderson, Mercy Health Lymphoedema Clinic Manager, was appointed Australasian Lymphology Association President
- Midwife, Elizabeth Thomas, won the Australian College of Midwives Victorian Branch Higher Education Scholarship
- Nine employees received financial assistance for their postgraduate studies through the Mercy Health Foundation Scholarship program:
 - Louise Alexander, Nurse Manager Perioperative Services
 - Hayley Anderson, Registered Nurse, Diana Morgan Scholarship
 - Akua Bioh, Registered Nurse
 - Catherine Harding, Trainee Sonographer
 - Marina Keenan, Nurse Coordinator
 - Jemma Lane, Graduate Registered Nurse (Division 1), Diana Morgan Scholarship
 - Rebecca Campher, Graduate Midwife
 - Magdalena Pliszka, Registered Midwife, Covidien Scholarship
 - Christine Murray, Clinical Nurse Consultant – Urogynaecology

"The future of Mercy Hospital for Women is exciting," says Linda Mellors, Executive Director, Mercy Hospital for Women and Mercy Health O'Connell Family Centre. "Every member of our staff contributes to the wonderful care we provide to our patients from our contemporary facilities. It is humbling to be part of such a committed team."

Our achievements against our key performance indicators can be found on our website [mercyhealth.com.au](https://www.mercyhealth.com.au) and in the "performance snapshot" section of this report.

Health Services *Victoria*

Future plans

We aim to build our reputation as a specialist provider and leader in women's and babies' health services. To do this, we will adapt to changing trends and future challenges in healthcare delivery.

A key focus for Mercy Hospital for Women in the near future is to strengthen our general and specialist gynaecology services so we can offer women a broad range of services and meet the training and development needs of our future workforce.

We will continue to increase our expertise in maternity services and the medical care of newborn babies, especially sick or premature babies, so that our patients and families receive the best possible care. We are strengthening our strategic partnerships with private and public services as well as other healthcare providers so the hospital can provide care in the right setting for all patients.

We will keep developing our profile in local and regional communities and plan to increase our community's involvement in service design and delivery.

thank you

*"Dear Elizabeth and Christine,
I wanted to say thank you for the sensitivity and kindness with which you conducted the urodynamics testing. Pelvic floor issues aren't the easiest things to discuss, even with compassionate professionals, but the two of you made me feel at ease. ... Professor Dwyer did a great job [of my surgery]. ... Sorry about all the clinical details but I needed to include them to give you a picture of how much the 'little things' can improve one's quality of life."*

Mercy Health O'Connell Family Centre

Supporting the wellbeing of the whole family

This year Mercy Health O'Connell Family Centre celebrates its fifth anniversary as a public hospital with Mercy Public Hospitals Inc and received four years' reaccreditation with the Australian Council on Healthcare Standards.

We remain focused on child health and development, family wellbeing and infant attachment, with a growing capacity to support parents with mental health issues.

Just as Catherine McAuley sought to develop in her students a true commitment to the wellbeing of all children and of the whole community, so too are we committed to helping families with young children get the best start they can in body, mind and spirit.

Our multidisciplinary team and mental health services have been augmented with recent funding through the State Government's Perinatal Depression Initiative to employ a psychologist to join our psychiatrist. With this funding we can now offer a mental health assessment and consultation with a psychologist and follow up with clients after discharge.

With our day stay programs, residential stay programs, parenting education sessions and mental health assessments, we are able to provide ongoing support to families who attend Mercy Hospital for Women, from the antenatal period through to early parenting.

We are also developing therapeutic programs in collaboration with the other two publicly funded early parenting



Health Services *Victoria*

centres in Victoria. Over the past year all three early parenting centres shared referral criteria that support specialist early intervention and parenting programs for vulnerable families and young children. For the first time, the three centres shared staff education and conducted joint planning for future service delivery.

Mercy Health O'Connell Family Centre includes both parents in parenting education and the weekly dads' night facilitated by a fathers' counsellor continues to be very popular. We recognise fathers' ability to nurture and care for young children and the need for both parents to develop attachment with their child from birth.

We work closely with the Nangnak Wan Myeek program at Mercy Hospital for Women to support Aboriginal families who may benefit from parenting support programs.

“Mercy Health O'Connell Family Centre provides parents with vital skills and confidence at what is often a challenging time of life,” said Linda Mellors, Executive Director, Mercy Hospital for Women and Mercy Health O'Connell Family Centre. “It is a wonderful service and one that we are extremely proud of.”

Our locations



Mercy Health – South Western Health Services

Meeting the needs of our growing community



Supporting people to manage chronic health issues.

As we follow a tradition of care that encompasses the whole person, we endeavour each day to meet the needs of those who turn to us for care in our large community hospital, in our clinics, our care programs and in the community.

Our services include surgical, medical, maternity, newborn, renal dialysis, emergency, mental health, aged, palliative and community care. Werribee Mercy Hospital also operates a Community Rehabilitation Centre and provides a range of home based support services including Hospital in the Home, Midwifery in the Home and a Neonatal Transition Service. We have introduced a Transition Care Program which provides rehabilitation and supportive care for older people after a stay in hospital.

Key achievements

We are committed to providing compassionate care to those in our community who are in need. This includes advocating for the development of suitable levels of local service so that people who live in the south western region of Melbourne have appropriate access to healthcare.

One area where community demand is very high is the need for local maternity services. Werribee Mercy Hospital has long been regarded as a high quality provider of maternity care. With increasing demand for local services, we have recently expanded our Maternity Services unit to cater for up to 32 women at any one time. Work is continuing on upgrading our Special Care Nursery so

Health *Victoria* Services

we can also care for more premature and unwell babies. This state-of-the-art facility gives women and families in our community access to some of the best maternity services in Australia.

Dr Jacqueline van Dam, Clinical Director of Maternity Services said she has the exciting role of leading the growth of the Maternity Services unit and “keeping Wyndham’s mothers and babies together” in a safe and caring environment.

To complement this wonderful facility, we have appointed two new obstetricians

and gynaecologists as well as more midwives who work together to deliver the best care possible to women and their newborn babies.

Providing specialist medical services to our community is also a priority. We have a number of dedicated staff delivering services and are well equipped to manage a large range of general medical conditions. Supported by skilled nurses and a number of diagnostic services, our community can take comfort in knowing their general medical concerns can be managed within their community hospital.



Caring for Karen mothers

Being culturally aware of people's care needs is important to the way we deliver health services.

As the city of Wyndham is home to the fastest growing community of Karen refugees, Werribee Mercy Hospital has joined forces with community health service ISIS Primary Care to provide appropriate maternity services for Karen women, from antenatal through to postnatal care.

Dr Jacqueline van Dam, Clinical Director of Maternity Services at Werribee Mercy Hospital said, "We arrange appointments so that newly arrived Karen women can meet one another at the hospital, socialise and support one another. And we ensure that an interpreter is always present at appointments so women are comfortable and informed at all times.

"Women who birth at the hospital are generally alone, having had to leave their husband and even other children back home. They have often had their first child in a refugee camp or were sent to Australia while pregnant.

"It is really important to link these women to community support as well as healthcare and social support. We provide holistic care and try to ease some of the anxiety they might be feeling. We give women tours of the hospital so they become comfortable with the layout and the facilities. We understand that being pregnant can be a difficult time for many women, let alone a woman in a refugee situation who is alone in a foreign country.

"When new mothers go home, our Enhanced Midwifery in the Home team continues supporting them. All in all, Karen women are happy with the support they receive."



Supporting families' birth plans



Fergus and Mia with baby Callum.

When Mia and Fergus McGregor had their first baby, he arrived a little quicker than they expected but they got all the support they needed.

Fergus said, "From the minute we made contact with the midwives at Werribee Mercy Hospital, we just felt so relaxed and confident in them. They were caring and really supported us every step of the way.

"Mia and I arrived at the Emergency Department at 5.15am on 28 April. The nurse told us our baby would arrive in the next half hour! Mia was quickly wheeled down to the birthing suite and our gorgeous little boy was born at 6.05am.

"Mia had been adamant that she wanted a drug free birth. She had made a birth plan and talked with Sandy, one of the midwives, about her wishes. Sandy listened and really

paid attention to Mia's plan. When the time came, Sandy was there to put the plan into action all the way. Mia got to have exactly the birth she wanted. Everyone around us was so caring and professional. It was just a really positive experience.

"Two weeks after Callum was born, Mia had an appointment with the physiotherapist so we went back and visited Sandy and Natalie and all the nurses and midwives who had been there for us. They were so welcoming and lovely.

"On Sunday we're having a reunion with our prenatal class which should be fun. Our little boy is doing really well. He's 17 weeks old now and so loved and cherished and spoiled – he's the first grandchild on both sides. He has turned our world upside down of course but we just love him!"

To support us in providing care for more complex medical conditions, we have developed an agreement with St Vincent's Hospital Melbourne so we can work together in a planned way and deliver services more effectively and efficiently.

The community will see benefits in services such as emergency care, medicine, surgery and mental health.

Caring for people between hospital and home

We are further developing our services between our hospital, the community and aged care. Our new Transition Care Program has begun strongly, offering therapy focused care to older people who have been in hospital.

Smooth transition

After a recent illness, Beryl, who now uses a walking frame, took part in the 12 week Transition Care Program. Three of these weeks included home visits by program staff.

Beryl mainly received physiotherapy but was also shown how to cope with activities such as cooking and her medication requirements were taken care of. "I found the program very, very helpful," said Beryl.

When asked about the care his wife received, Beryl's husband Ken said, "We'd like to give special thanks to Jill, Peter, Johanna, Bronwyn and Doris. They were all really great and took excellent care of Beryl. We have no complaints. They were all absolutely fantastic."

Mercy Health Foundation was instrumental in establishing a relationship between nearby residential community "The Heartlands" and Werribee Mercy Hospital. The estate, located in Tarneit and developed by Asset1, began their relationship with the hospital in April 2011, which will see The Heartlands donate approximately \$250,000 to Werribee Mercy Hospital over the coming years in support of its new Maternity Services unit.



The new Maternity Services unit, Werribee Mercy Hospital.

Health Services Victoria

Working closely with the community

Keeping close to our community and contributing to their general wellbeing is also important to us.

We have initiated many education programs and run information sessions at schools and in the community, often in conjunction with other organisations. Some of these include the Violence in Schools project, where our Emergency Nurse Educators and members of Victoria Police speak to secondary school students about the dangers and consequences of alcohol fuelled violence among young people. We organise careers nights at several secondary schools in the Wyndham area and our award winning work experience program is conducted twice a year. Through this program Werribee Mercy Hospital hosts over 20 Year 10 secondary school students for one week and students



Werribee Mercy Hospital works closely with the local Karen community who are refugees from Burma. This year many Karen teenagers attended an information session on starting a career in health.

“buddy” with health professionals within the hospital and Mercy Mental Health. This program gives students interested in a career in healthcare a real insight into the rewards and demands of looking after people who trust us with their care.

Our Education Unit also works with the Werribee District Hospital Charitable Foundation to coordinate the annual Hepburn Scholarships, which assist staff in obtaining professional development and relevant tertiary qualifications. A total of \$10,000 is awarded each year.

A culture of learning and development

Our commitment to education and professional development is critical to the quality of care we can provide people at every stage of life.

We are building our reputation and capacity as a teaching hospital and offer extensive career and development opportunities for graduates, postgraduates and healthcare staff. We also work in collaboration with other organisations to enhance the skills and knowledge of our people.

“To the Child Birth Unit staff, I would like to thank you all for making my placement fun and exciting. You have each taught me something vital in midwifery. I would be thrilled to have another placement or even do my graduate year at Werribee Mercy Hospital Child Birth Unit. Everyone is so friendly and helpful.”

thank you

These efforts are further supported by Mercy Health Foundation and the Werribee District Hospital Charitable Foundation who focus on developing philanthropic support for research, teaching, training and development within Mercy Health. This year 13 of our employees received scholarships sponsored by both foundations.

Our partnership with The University of Notre Dame Australia School of Medicine continues strongly. This year we welcomed the second intake of third year students and saw the first intake of fourth year students. In total, more than 60 students participated in the Clinical School's programs.

A new state-of-the-art medical school and clinical education facility is being built. Through an \$11 million grant from the Commonwealth Government, in collaboration with the State Government, this project is due for completion by the end of 2011.

Located at the Werribee Mercy Hospital campus, the facility will support the training and development of postgraduate medical students from the University of Notre Dame.

Through the collocation of our Education Unit, it will also cater for the training needs of staff and students from a range of universities across Victoria and interstate. This reflects a long term commitment to train more people so we can overcome current and future shortages of health professionals and keep pace with changes in healthcare delivery.

In 2010 there were over 5,500 clinical placement days at Werribee Mercy Hospital for health professional students, and we welcomed five intern doctors from St Vincent's Hospital Melbourne to complete a round of rotations that included surgery, medicine, emergency medicine and psychiatry. Our newly appointed Intern Coordinator/Medical Education Officer, Lidia Stojanovski, provides support and facilitates a quality program to ease their transition from student to doctor.

Our training and placement programs are helping us develop compassionate, respectful and skilled people to meet the care needs of people at hospital, at home and in the community.



Health Services Victoria

Werribee Mercy Hospital: A teaching hospital

In December 2010, Werribee Mercy Hospital held its annual graduation ceremony to celebrate the academic achievements of 28 hospital staff who completed postgraduate tertiary studies. This is an increase of 30 per cent on the number of postgraduate students from the previous year.

In addition, the hospital provided a supportive 12 month graduate program for 30 newly qualified nurses, midwives and physiotherapists. These programs assisted graduates in the transition from novice to experienced clinician and resulted in excellent staff retention rates.

We are proud of these students who are our future leaders, our role models, our innovators and our high achievers.

Werribee Mercy Hospital conducts two work experience programs per year for up to 20 Year 10 students, and in 2011 began inviting applications from suitable candidates for future transition programs.

Transition Program: Enriching students' work experience

In January 2011, Werribee Mercy Hospital began a pilot program with Australian Catholic University that enables nursing students to fully experience work in a healthcare setting.

Madeleine, a second year undergraduate nursing student, is employed one day a week in a medical ward as a personal care attendant until she completes her Bachelor of Nursing. This part time work enabled Madeleine to give up her job as a waitress and gain work experience that is relevant to her future career.

Madeleine is gaining knowledge, skills and confidence working in the hospital setting. She is a valued employee and assists the nursing staff, ward clerk, allied health and environmental services. Madeleine has developed a sound understanding of the roles of the multidisciplinary team and will be well prepared for the transition from student to registered nurse.

thank you

"To the doctors, nurses and staff, my husband was brought into your care as a patient before being transferred to St Vincent's. My family and I cannot speak highly enough of the care given and the compassion shown to us as a family from each and every one of you. [My husband] later returned to Werribee Mercy Hospital and was given the same care. Our grateful thanks to all."

Improving emergency care pathways

While we have been planning for the future care needs of our local community, and the training needs of our health professionals, we have also been focusing on ways to improve the way we serve those who come to us for their care.

Much effort has gone into improving how we triage, treat and discharge our patients. This has resulted in improved access and reduced waiting times in the Emergency Department, particularly for patients whose care needs are most

critical. During the year the Emergency Department was able to reduce waiting times for patients attending for critical and urgent care. However, we were not able to attend as quickly to the high numbers of people who presented for non urgent care.

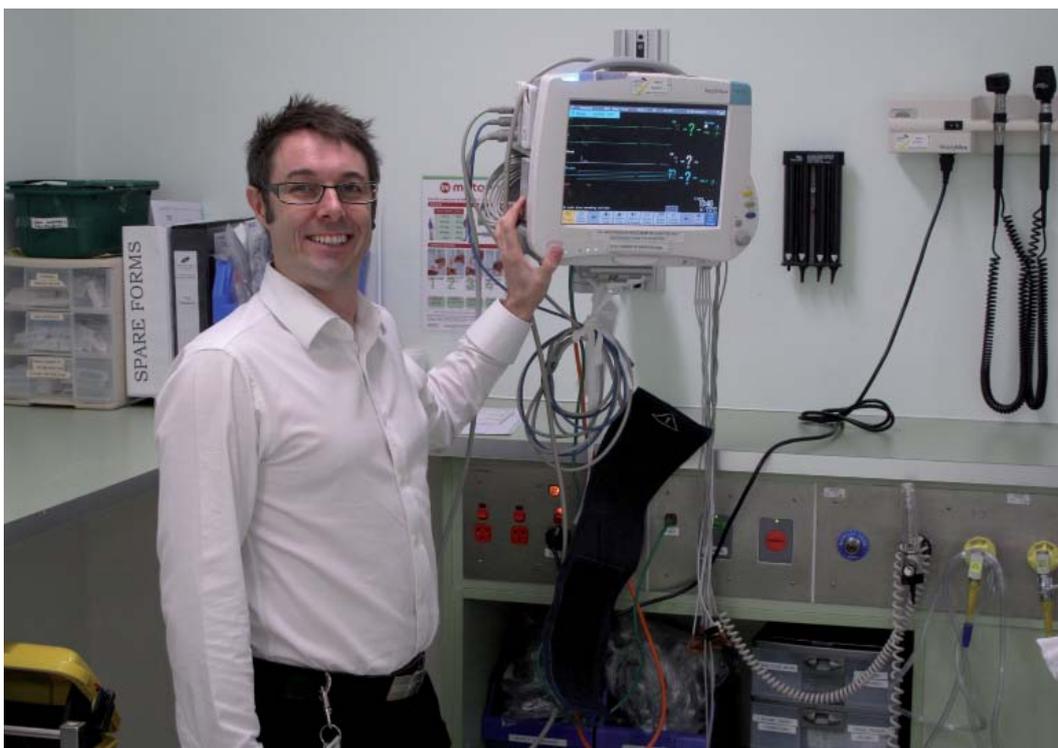
John Stafford, Assistant Nurse Unit Manager in the Emergency Department, and Project Lead in our Redesigning Hospital Care Program, has been working closely with the Emergency Department team to meet national access targets.

“The Redesigning Hospital Care Project is about finding the most efficient pathway in the patient’s journey without compromising their safety or the quality of care they receive,” said John. “Through sound processes, good communication and teamwork the project aims for the whole of Werribee Mercy Hospital to achieve optimum patient care and satisfaction.”

One of the ways John is communicating with other employees is through a project newsletter that keeps people up to date with the aims of the project, current activity and outcomes, procedures and reporting tools, and comments from key people in the program.

“The values of Mercy Health are articulated in everything we do,” said John. “Either in the care we provide patients and clients or in how we work together. In this way Mercy Health continues to strive to improve in all of its activities.”

In April, a new short stay unit was opened at Werribee Mercy Hospital, which is next to the Emergency Department. It provides assessment, observation and care for people requiring a stay in hospital of less than 24 hours so their needs can be appropriately met.



John Stafford, Project Lead, Redesigning Hospital Care Program.

Health Services Victoria

Other key achievements

- Team Midwifery clinics were expanded to support more mothers and babies at hospital and at home
- Mercy Mental Health introduced an “Enhanced Triage Service” and expanded the mental health crisis assessment and treatment team to assist the growing number of people in the community seeking mental health care
- Werribee Mercy Hospital appointed Dorevitch Pathology as its pathology service provider, which has increased the onsite diagnostic laboratory services available to patients and the community
- We introduced initiatives to improve discharge planning in our medical and surgical wards, which has helped to improve patients’ access to hospital beds
- Allied health services were enhanced through the expansion of Community Rehabilitation Centre services
- Emergency Department waiting times were improved for urgent and critical care
 - Percentage of Category 1 emergency patients seen immediately: 100%
 - Percentage of Category 2 patients receiving attention within 10 minutes: 82%
 - Percentage of Category 3 patients receiving attention within 30 minutes: 77%
- Werribee Mercy Hospital introduced a Transition Care Program offering low intensity therapy and support for up to 12 weeks to recently discharged patients. Individual care plans enable a smooth transition from hospital to their place of residence.
- Five employees received a Mercy Health Foundation Scholarship:
 - Shelley Baxter, Administration, Visiting Medical Officers
 - Jill Butty, Acting Director Quality & Safety
 - Anne Harrison, Chief Physiotherapist
 - Alison Lay, Physiotherapist Grade 2
 - Sue Mayne, Allied Health Assistant

Our achievements against our key performance indicators can be found on our website mercyhealth.com.au and in the “performance snapshot” section of this report.

Mental health issues affect one in five people

Mental health problems are the third biggest health issue in Australia after heart disease and cancer. Whether it is depression, anxiety, schizophrenia or bipolar disorder, one in five Australians will experience some form of mental illness.

Mercy Mental Health treats people with severe and complex mental illnesses by providing acute and community based care. As the mental health service for the south western region of Melbourne, we provide clinical support for adults living in the municipalities of Wyndham, Hobsons

Bay and Maribyrnong. We work with other agencies to provide services where they are needed, and our specialist psychiatric Mother-Baby Unit provides inpatient postnatal mental healthcare across western Victoria.

As the need for acute and long term care increases, Mercy Mental Health is adapting and finding ways to provide care within our existing resources. We have restructured our community teams so that each team includes people with a mix of skills and experience. This will enable us to be more flexible in responding to our clients’ needs at any point in their recovery process.

Empowering the community



Arhet Geberat, Social Worker and Bilingual Case Manager, Mercy Mental Health with The Hon Julie Bishop, Deputy Leader of the Federal Opposition, Shadow Minister for Foreign Affairs and Shadow Minister for Trade at Africom's National Awards night, 2011.

In her role as a bilingual worker at Mercy Mental Health, Arhet Geberat has been providing mental health first aid training to African community leaders and workers to improve their understanding of mental health issues and help them increase their own community's knowledge of the mental health services that are locally available.

"Through the training people learn how to help themselves and others," said Arhet.

Arhet has provided six mental health first aid training courses to a total of 66 community leaders, predominantly from African backgrounds, and also some leaders from Karen communities.

"The positive feedback inspires me to keep going and deliver more training courses," she said. "This work is a good step forward but there are many social and education challenges ahead."

This year Arhet received Africom's "National Award 2011: Outstanding Community Service Award" on 16 July 2011 at the Adelaide Convention Centre.

Health *Victoria* Services

We work with community groups to promote awareness of mental health issues and services that are available locally. Several of our employees are accredited mental health first aid trainers who have run courses in English, Vietnamese and for the African community. The 12 hour course provides general knowledge about the symptoms of mental illnesses and what to say to people if they need support. With this insight a friend or family member can provide appropriate reassurance and information. Community awareness of this program was further raised this year through local media coverage.

Two of our bilingual employees participated in the National Stigma Reduction Program to increase understanding of mental illness and improve people's access to care. With the fundraising support of Mercy Health Foundation we were able to translate clinical care workbooks for clients into Vietnamese and Arabic.

Judy Foord, a nurse practitioner candidate, is in her second year of training and has been developing a Self Harm Outpatient's Program for presentations to the Emergency Department. The program will begin in the second half of 2011 and focus predominantly on young adults with situational or crisis self harm.

In October 2010, The Office of the Chief Psychiatrist conducted an in depth clinical review of our mental health triage service, community case management and inpatient services. The clinical review program is part of a statewide program of clinical peer reviews that examine clinical practice in public mental health services. The review provided recommendations that will help to guide further improvements to the care we provide for our patients.

Creating new training opportunities

Mercy Health Training Institute has been working in conjunction with Mercy Mental Health, DASWEST and MIND to develop a course to adequately prepare graduates entering the mental health sector. Together they have developed the nationally recognised Diploma of Community Services (Mental Health) for graduates with a practical focus covering a number of key areas required to practise safely and effectively in public mental health services.

The course has been offered to Mercy Health people working in psychosocial disability rehabilitation, alcohol and drug services, as well as those providing interventions. Applications will be further broadened to Division 2 nurses seeking a mental health qualification.

The collaboration has underscored the value that each student, and service perspective, can bring to the development of a more holistic view of mental health care and treatment.

Caring for people when there is no cure

Palliative care is made available to people with an illness when cure is no longer possible. This care draws on counselling, nursing and medical services, allied therapies and pastoral care. We take a holistic approach to palliative care and provide support not only to our patients across the western region of Melbourne, but also to their families and carers.

Over the past four years referrals to our community program have increased from approximately 900 per year to approximately 1,400 referrals per year. With a significant increase in the number of patient referrals we are also adapting our model of care to meet people's growing needs.

Another change has been to increase our role in providing expert advice on palliative care to other health service providers. As part of this "consultancy service" Mercy Palliative Care is developing closer relationships with other community services such as councils, aged care services, home and community services and the Royal District Nursing Service to provide a holistic approach to palliative care, whatever the care setting.

We have created a number of programs to help carers deal with the many challenges they face. A major initiative

this year has been a program for carers of people in residential aged care. Highly trained and experienced volunteers spend time with carers, listening and asking helpful questions. This program complements our Carer Support Program in which volunteers who have also been carers meet other carers in their homes and offer personal support.

We have also set up a "Carers Corner" at our Sunshine office so that carers can visit and enjoy mutual support, education and social interaction with our employees and other carers.

Mercy Palliative Care provides a bereavement service to support families after the loss of a loved one. During this time we run four half day information sessions and an eight week bereavement support group. Memorial services are held every three months for families and friends.

Palliative Care Collaborative Project

Funded under a Department of Health and Ageing local palliative care grant, this Mercy Health initiative is an education and training program in the palliative approach that is being conducted at a number of aged care facilities at Mercy Health and with staff from our mental health project partners. It is designed to equip carers with the essential tools of palliative care. The program is a collaborative work with partners from Mercy Palliative Care, North West Mental Health, Centre for Ageing and Pastoral Studies and Mercy Health Training Institute. The project involves face-to-face training as well as online sessions with course participants such as personal care attendants, registered nurses, enrolled nurses, service managers, resident liaison officers and pastoral associates.

Other activities in this project include a training needs analysis, cross training to Mercy Palliative Care in mental health, evaluation of advance care planning, development of a DVD on spirituality in the palliative approach (in progress) and the Partnership in Care conference day planned for October 2011.

A resource book – "Affirming Life: What is a Palliative Approach? A Guide for Family and Friends" – was developed through extensive collaboration with industry experts, a staff reference group and family representatives. It has been endorsed by leading peak bodies in palliative, aged and pastoral care, and mental health. The book will be published later this year and made available through our healthcare networks.

Volunteers make a world of difference



David Frost has been a volunteer at Mercy Palliative Care for 18 years. He likes to help people and says he “doesn’t see the illness, but the person”.

“Sitting with people when they are waiting at the hospital, we chat and become like friends. Mostly I am a ‘transporter’. I take patients to and from appointments, I deliver and pick up equipment and help with the collection of donations.”

David



For Antida Zahra who has been a volunteer at Mercy Palliative Care for 21 years, it is true that “you get more out of giving than receiving”. Antida stays with a patient so their carer can take break. She speaks Maltese but has visited people who only speak Polish or Vietnamese. “Language is not a barrier,” she says. “I smile and hold hands – that is universal.”

Antida

thank you

“It’s such a relief to know I have some time to myself on a Tuesday and Thursday.”

“I really look forward to Tuesday as John is always in such a good mood when he gets home.”

“I didn’t want to leave my job and the two days Bill is at Day Hospice has allowed me to keep working.”

Our Carer Support Program at Mercy and Western Day Hospice, Sunshine Hospital plays a crucial role in helping carers deal with the many challenges they face. While our palliative care clients take a break from home, their carers are able to also have a break and enjoy their personal time.

Future plans

Over the next 10 years we will keep increasing our services so that people can be cared for locally. We are about to commence the development of a community rehabilitation centre and an inpatient geriatric evaluation and management unit. The community rehabilitation centre will house our allied health services and assist people recover from ill health or support them to better manage chronic health conditions. The inpatient unit will enable more elderly patients who need a longer period of inpatient care to be cared for at Werribee Mercy Hospital so they do not have to be transferred to other facilities.

Werribee Mercy Hospital will increase bed capacity and outpatient services across all areas, expand medical and surgical subspecialty services and extend programs that provide care at home or in the community. Through these improvements patients will receive more support locally and spend less

time seeking healthcare in other areas of Melbourne when they are sick, vulnerable, distressed or isolated. This focus on local services will also be reflected through formal links and referral pathways to tertiary and specialist centres.

In collaboration with our service partners, we will keep improving the way we deliver care to people across the region. And we will continue to strengthen our quality systems using principles of open disclosure.

“Our aim is to meet the needs of our rapidly growing community for high quality, locally delivered healthcare,” said Richard Ainley, Executive Director, Mercy Health – South Western Health Services. “We will continue to develop new facilities and care services so we can support our community.”

Our locations



Health Services *New South Wales*

Our connection to communities across southern New South Wales has been strong for 150 years through the Sisters of Mercy, Goulburn Congregation. The Sisters were healthcare pioneers in many of the rural centres and we are proud to continue their legacy.

Today Mercy Health operates subacute health services in Albury and Young in New South Wales, servicing local communities and the surrounding regions. Services provided in the community include aged care assessment, allied health programs (including outpatient services, physiotherapy, occupational therapy and social work), rehabilitation, dementia respite, palliative care in the home, occupational therapy home modifications and the Transitional Aged Care Program. Inpatient services include rehabilitation, geriatric evaluation and management, and specialist palliative care.

“By providing subacute, community and aged care services through one organisation, we can improve the continuity of care for patients and residents in our facilities, in aged care residences and at home.”

*Kathy Hetherington, Manager,
New South Wales Health Services*

Mercy Health Service Albury

In Albury, the Transitional Aged Care Program is available for frail older people who are recovering from an acute illness or injury and is provided through a 20 bed inpatient unit and five “virtual” beds in the community so people can receive care at home.

The 20 bed inpatient Geriatric Evaluation and Management Unit

takes a multidisciplinary approach to managing older people. Teams of health professionals with different skill sets help senior patients regain functional abilities and confidence so they can achieve their best level of independence.

Palliative care is offered to patients at Mercy Health Service Albury and in their home through our community based services.

We support mothers and families who have children up to 12 months of age with advice on settling techniques, lactation and feeding problems. Assistance is also available through the Parent & Babies Unit, which offers support for postnatal depression as an outpatient service.

Key achievements

We have made many inroads in enhancing our palliative care services. This year we formalised our links with Albury Wodonga Aboriginal Medical Centre’s palliative care services; we received a Local Palliative Care Grant of \$93,000 for equipment, including ceiling tracking to four rooms in the Palliative Care Unit; we were successful in the Palliative Care National Standards assessment; and we worked in partnership with the Border GP Network to develop an educational DVD on palliative care. We also participated in a regional promotion for Palliative Care Week and the Program of Experience in the Palliative Approach.

We are honoured that our expertise and compassion in this area has been noted by Greater Southern Area Health Service who have contracted us to provide a palliative care consultancy service to the south western border region of New South Wales. This service provides consultancy throughout the week with after hours phone advice for local hospitals and health professionals.

Mercy Health Service Albury, in partnership with St Mathews Church Albury, hosted a Pastoral Care placement in the first part of the year. Negotiations with Albury Wodonga Health have been initiated, with shared service planning underway, and we have formalised an agreement with Greater Southern Area Health Service for the credentialling of our visiting medical officers.

We maintain strong connections within our industry and community. Mercy Health Service Albury is host to the Albury Wodonga Cancer Foundation; we are represented on the Allied Health Association conference steering committee; we are a convenor in the Albury Regional Volunteers network; we participate in the Albury City Council Waste Management Program; we are represented on the Albury Wodonga Ethics Committee; and we actively participate in the Hume RICS (Regional Integrated Cancer Services) forum.

Mercy Health Service Albury achieved an 83.7 per cent result in the New South Wales Occupational Health & Safety and Injury Management numerical profile audit and we were successful in our Australian Council on Healthcare Standards Periodic Review, receiving no recommendations.

Mercy Care Centre Young

This subacute health service provides a range of community health and aged care services for the people of Young and the surrounding region. Our services include inpatient and community based services, daily respite care and dementia specific respite, speech pathology, occupational therapy, social work, physiotherapy and the community based Transitional Aged Care Program.

"Dear Kathy and staff, I am writing on behalf of my brothers and I regarding our mother who was recently a patient at Mercy Care Centre Young. Mum was admitted to rehabilitate from a fall and hip replacement surgery. ... From first admission to the emergency wards at Young and Wagga Base through to her stay here at Mercy Care Centre Young we have been amazed at the level of care, professionalism and heartfelt support provided to us by all the staff. Mum has benefited greatly from this support."

thank you

Mercy Care Centre Young has 26 inpatient beds, including four designated palliative care beds and 10 Transitional Aged Care community places.

The program has achieved 100 per cent occupancy with a total of 163 occupied bed days per month. Our ambulatory programs include rehabilitation, orthopaedic, neurological (stroke and non stroke), cardiac, reconditioning, respiratory, pain management, falls prevention, connecting care (chronic disease self management), lymphoedema management, occupational therapy home modifications, aged care assessment teams and community based palliative care.

We work closely with Mt St Joseph's Nursing Home to support older people in subacute care, in their transition to community and residential care, and we provide ongoing allied health services to people at home.

Pauline Heath, Palliative Care Manager, Mercy Place Albury received a Mercy Health Foundation scholarship, to further her postgraduate studies.

Health Services *New South Wales*



Hands up for hygiene: a good turn out for Hand Hygiene Week, part of the Staff Wellness Program.

Key achievements

Following the Commonwealth Government's guidelines, Mercy Care Centre Young implemented the 10 Transitional Aged Care Program community places. This included recruitment of a designated Transitional Aged Care Program team with the successful development of a Functional Assessment Group so clients can be further assisted in their recovery and functional improvement. High demand for the program has been achieved and sustained, which

has helped 56 people live independently in the community.

The introduction of a Staff Wellness Program sparked many health initiatives such as a "Women's Health Information Evening", "Staff Wellness Clinic", "Healthy Weight Loss Challenge" and "Share a Plate" staff lunches.

We also recruited an innovative Pastoral Care Associate who has been pivotal in redesigning Mercy Care Centre Young's pastoral care service and promoting Mercy Health's values.

"I have been hearing how wonderful your pastoral work is. Thanks for all you are doing so well. ...When we were interviewing for a position, an applicant used your pastoral care as an example of good pastoral care. She had known someone whose relative died there and you cared well for them and followed her up with a phone call several weeks later, which was greatly appreciated. So you never know who is affected and how it can influence another's practice – as it did this applicant's."

Mercy Health Director – Pastoral Services

Reflection on Mercy Ethos



Catherine McAuley created partnerships with lay people as well as religious people during her years of service to the community. By drawing on the skill, experience and leadership of people who came forward to help, the Sisters of Mercy were able to find resources to educate, heal and house those in need. Today the Sisters rely even more on the contribution and dedication of lay people to carry forward their mission of Mercy.

Reflecting on the stewardship of their mission, Sr Helen Monkivitch, rsm AO, Director Leadership & Mission, Mercy Health says:

“Formation and ethos development of our staff is an ongoing and critical aspect of governance and leadership for Mercy Health. The purpose of formation is to develop within our Mercy people, especially our leaders, an understanding of mission, vision and values, the traditions and history of Mercy, the origins of Mercy Health and its grounding in the Catholic faith.

“We must continue to offer our people every opportunity to deepen their understanding of what it means to be a participant and leader in a Catholic and

Mercy organisation. Our leaders are the ones who are taking the Mercy mission forward so it is imperative we do all we can to deeply inculcate the Mercy ethos into Mercy Health.

“In Mercy Health we do this in a variety of ways. There is orientation of new staff, the work of values committees in each of our facilities, participation in the Mercy story residential programs and opportunities to participate in Catholic Health Australia programs and other programs.

“The feedback from lay people is powerful and moving. The challenge for all of us in Mercy Health is to keep this spirit alive in our world today.”

“The Mercy Ethos Program graced me with a deeper understanding of Mercy and a new energy to live into Catherine’s story. To be in the places she created and ministered within, and to listen to the stories of vibrant Irish women who continue to live out her vision, enlivened my spirit of Mercy. I valued the challenges given to make leadership dynamic and sustainable.”

Program participant, 2011 Mercy Ethos Program, Dublin, Ireland



Catherine McAuley, foundress of the Sisters of Mercy.

2011 marks 180 years since Catherine McAuley founded the Sisters of Mercy.

It is a year to reflect and celebrate the life of a woman who has inspired so many to follow her in finding ways to alleviate the suffering of the poor, tend the sick and provide access to education.

Aged Care *Victoria and New South Wales*



Through our aged care services we provide residential care and support for older people so they can live comfortably, be active and ensure that each day is the best day possible for them.

This commitment began in 2004 when we assessed the emerging needs of our time and saw that one of the greatest pressures facing society is the support of the frail elderly. As a Catholic provider of care services, aged care was identified as core mission and ministry and a strategy was developed to increase our support in this area.

In line with this strategy, Mercy Health has grown to be a mid size provider of aged care services with aspirations for future growth so we can participate in the industry for decades to come. We have grown from 369 residential care licences (June 2004) to 1,303 licences (June 2011).

We cater for over 1,000 older people across 12 residential facilities, operate more than 100 independent living units

and are committed to making each of these residences “a great place to call home”.

We continue to speak with government, aged care providers and community groups about the ways in which we can support older people and gain greater insight into the specific needs of those who are socially disadvantaged, in poor health, from Indigenous communities or non English speaking (culturally and linguistically diverse) backgrounds.

These issues, as well as thought leadership on ways to improve aged care, are important to the way we support older people in our community. We made a submission to the Productivity Commission’s inquiry into Caring for Older Australians, and it was encouraging to note that our submission was quoted in the Productivity Commission’s *Caring for Older Australians Draft Report, January 2011*. We also made a submission in response to the draft report.



At Mercy Place Montrose everyone is welcome to try their skills at the pool table.

Making each day the best day possible



**Thelma,
Mercy Place Shepparton**

“I’m very happy here. The building is very nice and clean and it’s kept that way. The staff are very attentive. They make my bed and vacuum the floor. I can still do a lot myself but they help me wherever I need it. I join in all the activities they have on here. They have artists and musicians come in and perform. We play carpet bowls, I enjoy that. I do a lot of knitting and craft work. Lately we’ve been making dolls for charity. There are going to be about 400 of them all up. My daughter comes every second day to visit. She’s married and has two sons of her own, and they have children of their own. They come in to visit too. They love to play with all the craft things I make.”

**John,
Mercy Place Wyndham**

“My relationship with the staff is pretty good. Debbie is really good at her job. She’s meticulous in the way she makes a bed, showers you, comes and sees you, asks you if you want anything. If I push the button, she’s right there. We went into the city, we went to the aquarium and also to the theatre. My wife visits almost every day. She lives close by and brings the grandkids in to visit sometimes. The girls in the kitchen are really nice. I go out every day, go down the street and do a bit of shopping. I get to have my say at the residents and families meetings.”



Key achievements

While we are seeking opportunities for new acquisitions, growth this year was primarily from the redevelopment of our existing facilities.

In August 2010, the late Most Rev Joseph A Grech DD, Bishop of Sandhurst turned the sod on the \$17 million redevelopment of Mercy Health Bethlehem Home for the Aged in Bendigo, Victoria. The new structure replaces half the existing facility which was built in 1965. Phase 1 of the redevelopment consists of 60 high and low care beds and is expected to be completed in late 2011, with construction of Phase 2 providing a further 60 beds. The full redevelopment will be completed by October 2015.

Relatively unique

Four members of the Bell family in Bendigo are employed at Mercy Health Bethlehem Home for the Aged and are thriving in their work.

John, a medication nurse, has been there nearly four years. "I really love it. I'm included in the group and it's a lovely family atmosphere. Everyone gets along really well."

Pamela said it is the first time she's worked since she and John married. She loves it "with a passion" and says she wants to do more.

Two of their daughters are personal care assistants and another daughter had been working at Mercy Health Bethlehem Home for the Aged, but is currently doing her Division 1 nurse's training. "She'll come back here," says John.

"You get to know the residents here, you reach out to people," Pamela said, "and they become part of you."

"Dear 'Mercy Place' staff, just a note to extend our sincere thanks and appreciation for all that you have done in the past few weeks and are doing for our much loved parents. ... Knowing that Mum and Dad are in wonderful care provides us with much peace of mind."

thank you



Sharing meals and celebrating special occasions brings us closer to residents and their family and friends.

We are committed to providing the highest level of care for each person in our residences. Sometimes we do not get it right. When we are required to improve our performance, we take an evidence based approach to finding solutions. This includes consulting with residents, carers and others so we can provide the best care possible.

Aged Care *Victoria and New South Wales*

thank you

"We wanted to highlight some of the very positive processes and support we have experienced from Linda and members of Mercy staff. In particular we were very appreciative of her professional and very caring approach to helping our father settle in to full time care. Nothing was too much trouble; she gave real individual attention and showed heaps of patience in her dealings with the family. She clearly knows how to talk with Dad and has the expertise which helped Dad find a sense of peace and happiness. She also helped us work through our own personal anxieties."

New quality framework to improve our performance

In September 2010, Mount St Joseph's Nursing Home, Young, NSW was found to be non compliant in a number of areas during their accreditation audit. We acted immediately on a local and organisation level to assist our aged care facilities.

One major outcome has been the development of a new framework for our quality system for aged care. The framework includes five domains of quality; a standardised toolset for data measurement, assessment and reporting; and the creation of clinical care modules. This system is based on current thinking and research that cover aspects of care and lifestyle that are important to people in residential aged care.

Importantly, the focus of the framework shifted from the functions of "compliance" to creating a comprehensive model of care that is evaluated and continually improved.

The framework opens with the overarching statement: "We aspire to give each resident the opportunity

to have the best day possible." These words reflect our commitment to caring for each person physically, personally, socially and spiritually. This aspiration also promotes a team approach to care and service while acknowledging the limitations that may exist in any care setting.

At the grassroots level, our team at Mount St Joseph's Nursing Home worked diligently to address each of the non compliance issues and in May 2011 the residence passed a full accreditation.

"The assessors reported they could see this had been a 'huge team effort'. They also reported that the facility had good systems in place to manage clinical care and that staff and residents were well supported," said Kerri Rivett, Executive Director Aged Care Services.

"Our people care really deeply about everyone they look after and the work they do. Our revised approach to quality management, staff education and development and continuous improvement will see long term benefits for our residents and our teams."

The depth of this commitment resonates in a thank you letter written by the daughter and carer of one of our residents at Mount St Joseph's Nursing Home.

Answer to my prayers

"I wanted to give you a copy of the letter I am sending to friends and family regarding Mum's passing. ... I somewhat tearfully gave her over to your care in 2003...but I can honestly say that from the first I knew she was finally with folk who genuinely cared and understood about her illness, her state of mind and her delicate emotional balance. You took time for her, you were so gentle with her, you never raised your voices around her. ... You made Mum's last years comfortable and calm; she knew she was in caring hands by the way she smiled at you as you approached her and the way she patted your hands and backs as you bathed and fed her. ... My husband and I both want to thank you again, from the bottom of our hearts, for all you did for Mum – and also for loving her."

Our facilities in other regional centres also achieved significant project milestones. A sod turning was held at Mercy Place Shepparton in April 2011 to mark the start of work on a \$4.98 million 30 bed extension. Ecologically sustainable development principles were used in the design, including site rainwater harvesting, solar hot water and maximising daylight to reduce the use of artificial lighting. This project has been well supported by the Greater Shepparton City Council and we expect to welcome residents in early 2012.

Phase 1 of the \$13.3 million north wing redevelopment of Mercy Place Wyndham was completed in early 2010 and residents were welcomed into Stage 2 of the redevelopment in early 2011.

Mercy Place Warrnambool, a new aged care residence, began welcoming residents in early 2010. After receiving an additional 70 bed licences, planning has begun for the Stage 2 development which will bring the facility to 120 beds.

Mercy Health won the Aged Care Association Australia building award for Mercy Place Parkville in November 2010.

Support and training for our employees in our aged care services are being made more easily available. This year we launched the beginnings of our mandatory training modules via e-learning and an orientation program, which can be accessed through our internet.

In February 2011 Mercy Health, as part of a research consortium, learnt of its success in establishing a Collaborative Research Centre. The consortium comprises businesses, universities, researchers and clinical services. The centre will focus on early diagnosis of mental illness and neurological issues. Within aged care, the focus will be on dementia, Alzheimer's disease and Parkinson's disease, with the goal to improve the health outcomes of the elderly and frail. It is envisaged the centre will be collocated with Mercy Health Training Institute and the Mercy Health/Australian Catholic University Chair of Aged Care at Parkville.

Connecting with older people around the world

We are reaching out to older people and their carers around the world through Mercy Health's Ageing Abroad program.

This initiative encourages employees to visit an aged care facility when they travel overseas and share their experiences when they return. Through these personal connections we are forming an international community with

An honour to care



In May 2011 Scott Kenyon from Mercy Place Colac was named Westvic Staffing Solutions Employee of the month. Scott began as a food services assistant the previous year and quickly developed a rapport with the residents and staff. He was encouraged to complete a Certificate III in Aged Care as his colleagues could see how well the residents responded to him. Once he began his course Scott worked as a personal care attendant.

“Scott is the type of person who is always collecting smiles and friends because he has such a confident and gentle manner about him,” said the Aged Care Trainer at Mercy Health Training Institute. “If I were ever fortunate enough to be cared for by him, I’m sure I would feel special and safe.”

Scott has continued his aged care studies by enrolling in the Certificate IV in Aged Care with Mercy Health Training Institute and is completing a psychology degree at Australian Catholic University in Melbourne. He is keen to gain knowledge within aged care and continue his professional development.

“It’s a real honour to care for someone else’s family,” he said.

*Photo courtesy
of The Colac Herald*

other aged care facilities and are gaining a deeper understanding of how different cultures care for the elderly.

Our people have spent time with carers in India, Nepal, Africa, Japan, France, America and the Philippines. In the section “Supporting our people” you can read about Narinderjeet Kaur, Lifestyle Coordinator, Mercy Place Parkville, the first Mercy Health carer to participate in this initiative.



Sharing gifts with residents at Pingalwara Charitable Society, Punjab, India.



Continuity of care and diversity of choice is important to residents and their families.

In 2012 we will commence construction of Stage 2 at Mercy Health Bethlehem Home for the Aged, which will include an additional 60 beds, new front entry building and demolition of the existing buildings on the site. Work will also commence on Stage 2 developments at Mercy Place Warrnambool, which will include a 55 bed extension.

In early 2012 we will begin welcoming residents into the new 60 bed extension at Mercy Place Albury.

We continue to work with the Bayside Council in the Sandringham area to find acceptable solutions for the redevelopment of Mercy Place Fernhill. This facility was constructed in the 1970s and is reaching the end of its built form life. Mercy Health is committed to providing aged care services to people in the Sandringham community and has undertaken a further redesign of the facility. We are hopeful this new plan will be approved and construction of the new 90 bed facility will commence soon. We will try to recreate the home like feeling that people enjoy so much at Mercy Place Fernhill in the new residence. Our thanks go to “Friends of Fernhill”, a community group supporting the redevelopment, and the local community for continuing to support us in the Sandringham area.

Future plans

“In the next 12 months we plan to welcome more residents to Mercy Place Albury, Mercy Place Shepparton and Mercy Health Bethlehem Home for the Aged in Bendigo.”

Kerri Rivett, Executive Director, Aged Care Services.

We are also focusing on redeveloping Mercy Place Montrose as the buildings are up to 50 years old and fast approaching the end of their usefulness. We have committed to construct a new 120 bed facility on vacant land adjoining the current facility and demolish the existing structure. This state-of-the-art facility will enhance continuity of care and diversity of choice for residents and their families.

Aged Care *Victoria and New South Wales*

Recognising Catherine McAuley's hospitality and compassion, pastoral care in Mercy Health's Aged Care Services is an integral part of supporting our residents' journey. One of our top priorities is ensuring adequate support during times of transition. All our Pastoral Care Associates ensure new residents, those who are ill or dying, and relatives who are bereaved receive concentrated and intentional care. Ongoing pastoral support for all residents is an integral part of our care, and people with dementia are especially supported.

"I called back to see Tom who had not been well this morning. His son Joe was there and Tom was sleeping. I took the opportunity to offer support to his son. This was a wonderful encounter. Joe talked about the challenges of supporting his father through illness and the difficulty of watching him suffer. He also spoke of his source of strength. I was encouraged as I received some feedback on my visits with Tom, which he had apparently mentioned to his son, as opportunities to

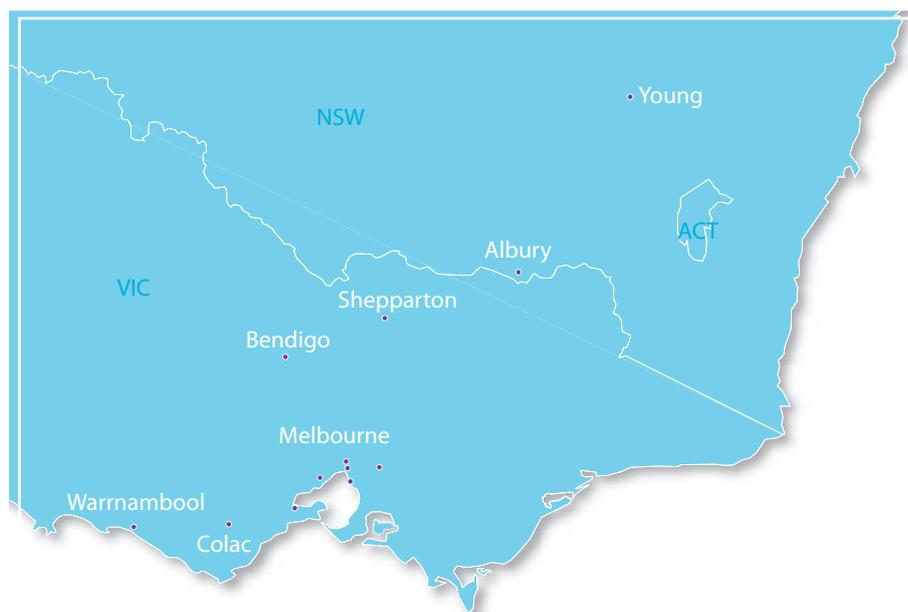
shed some tears and to explore some of his deeper emotions about his deceased wife and his children. While I trust and believe in the pastoral process it is always great to receive feedback."

Mercy Health Pastoral Care Associate

Palliative Care Collaborative Project

Funded under a Department of Health and Ageing local palliative care grant, this Mercy Health initiative is an education and training program in the palliative approach that is being run at a number of aged care facilities at Mercy Health and with staff from our mental health project partners. It is designed to equip carers with the essential tools of palliative care. The program is a collaborative work with partners from Mercy Palliative Care, North West Mental Health, Centre for Ageing and Pastoral Studies and Mercy Health Training Institute.

Our locations



• Residential Aged Care

Home and Vic, NSW, ACT Community Care



Supporting people to live independently at home...

Our tradition has been to care for people where they need support, regardless of the setting. Just as Catherine McAuley served the women and children of Dublin in their own neighbourhoods, so do we keep close to our communities and care for people where they ask for assistance.

We recognise the desire of many older people to remain in their own homes and live as independently as they can for as long as possible. Providing continuity of care between hospital and the home has been one of our strategic aspirations since 2003.

In 2006 Mercy Health made a commitment to home and community care with the purchase of a small boutique home care service in Melbourne's metropolitan eastern region. Since then Mercy Health Home & Community Care has grown from delivering services to 50 clients in Melbourne's east to having 2,200 clients, over 300 Department of Veterans' Affairs home nursing clients and 203 community packages in metropolitan Melbourne, south west Barwon (Victoria), southern New South Wales, metropolitan Sydney and the Australian Capital Territory.

Key achievements

This year Mercy Health Home & Community Care delivered over 500,000 home visits and more than 33,000 hours of care per month. We also provide home care packages as part of the Commonwealth Government's home care program and were successful in securing 61 home care packages in the Aged Care Approvals Round (ACAR), 36 of which are in Canberra and 25 in the southern suburbs of Melbourne.

In February 2011, Werribee Mercy Hospital outsourced its Hospital in the Home service to Mercy Health Home & Community Care to further improve the way we deliver home services to those in need.

This year also saw significant growth across our services. We opened offices in two new regions: Sydney, New South Wales and Barwon, Victoria.

The Sydney office was established when Mercy Health Home & Community Care took over the community nursing of 92 Department of Veterans' Affairs clients from KinCare and is located within St George Private Hospital, Kogarah. The office is close to specialist consulting suites and, since opening, has employed 20 new employees and provides care services for 70 people.



...and safely in the community.

Home and Vic, NSW, ACT CommunityCare

Celebrating our veterans

On ANZAC Day this year, Cliff celebrated at the Mentone RSL with Sharen, his case manager from Mercy Health Home & Community Care.

They enjoyed an afternoon of story telling and reminiscing, giving them the opportunity to remember all Australians who served and died in war, conflicts and peacekeeping operations.

Cliff served in World War II as a mechanic servicing Australian Airforce planes. In 2009 he required the services of Mercy Health Home & Community Care and has built a strong relationship with Sharen, who has been Cliff's primary contact since he started receiving support services. Cliff and Sharen work together so he can continue to live at home with independence, confidence and assistance.

In October 2010 we acquired Best of Care, a highly regarded community care agency that had serviced the Barwon region in Victoria for over 15 years. The workforce of 250 employees remained with us and continues to deliver home care services in Geelong, Lara, the Bellarine Peninsula, Surf Coast, Colac and The Otways. Nursing services are delivered in Geelong, Lara, the Bellarine Peninsula and the Surf Coast.

We also opened an office in Manifold Heights (Geelong, Victoria) to house the expansion of our home nursing service in the Barwon area. Our case managers have moved into this office and can manage clients from a central location.

To ensure we stay in touch with communities further away from Geelong, we also work from an office in Colac

that is in the same street as other care service providers. This keeps us connected to the community and the range of services locally available.

To promote the delivery of high quality care and to maintain currency in practice, we support our carers to increase their skills and knowledge. A robust mandatory training calendar is delivered through Mercy Health Training Institute, which includes competency based modules in first aid, manual handling, professional boundaries, safe food handling and infection control. This year 16 of our carers took part in the Earn While You Learn Program, offering carers a Commonwealth Government supported place to complete their Certificate III in Home and Community Care.



Mercy Health Training Institute provides competency based training courses for healthcare, aged care and home care professionals.

Care across the community

The Mercy Health Best of Care office in Hamlyn Heights (Geelong, Victoria) is 15 kilometres away from Mercy Place Rice Village. This proximity has opened up unique opportunities to create relationships with residents at the retirement village and their carers.

With Department of Health and Ageing National Respite for Carers Program funding we have been able to set up two new initiatives: a friendship group and a male carers group. Our carers use a 15 seat bus to take the residents' carers on outings while a carer looks after residents in their unit.

This model has provided us with a basis for effective provision of care to retirement village residents.

As a comprehensive community care provider, Mercy Health Home & Community Care maintains strong relationships with other community care providers, hospitals, community health services, GPs, allied health professionals and aged care facilities.

These relationships promote a holistic service delivery model, providing our clients with information and access to a range of services to improve their health and wellbeing.

Over the past year Mercy Health Home & Community Care had service agreements with over 70 organisations, was actively involved in over 20 network groups, was an active member of Aged & Community Care Victoria and exhibited at the Case Management Society Australia conference. Each regional office also hosted a luncheon for local service providers to update them on Mercy Health Home & Community Care

and encourage networking and sharing of ideas.

With a commitment to serving special needs groups, we have developed a successful case management model of care to support ageing members of various religious orders. Mercy Health Home & Community Care delivers case management, care and nursing to Columbian Mission Society, Servants of the Blessed Sacrament, Brigadene Sisters, Family Care Sisters, Blessed Sacrament Congregation, Missionary Sisters of Service and the Presentation Sisters.

Innovations for future living

As older people stay at home for longer, and their needs become more complex, there is a need for community care providers to look at alternative solutions to manage the associated risks.

Home HealthTrack is a service that complements the care provided by our carers and nurses through assistive technologies that can monitor people at home when carers are not available.

In the past year Home HealthTrack provided monitoring technologies, such as personal alarms and fall detectors, to 252 clients living in the community and in supported living arrangements. In addition, Home HealthTrack was successful in receiving funding from ACT Health under the Home & Community Care program to support over 60 clients.

The Home HealthTrack "Smart House" is an education, training and demonstration facility that shows working examples of the latest assistive technology. The Smart House runs one to five tours per week and has been visited by a large number of case managers, occupational therapists, social workers, community nurses and other healthcare professionals who work

Home and Vic, NSW, ACT CommunityCare

in community care and postacute care settings. The Smart House has also been visited by peak bodies such as Aged & Community Care Victoria and information and advisory services such as Alzheimer's Australia.

Future plans

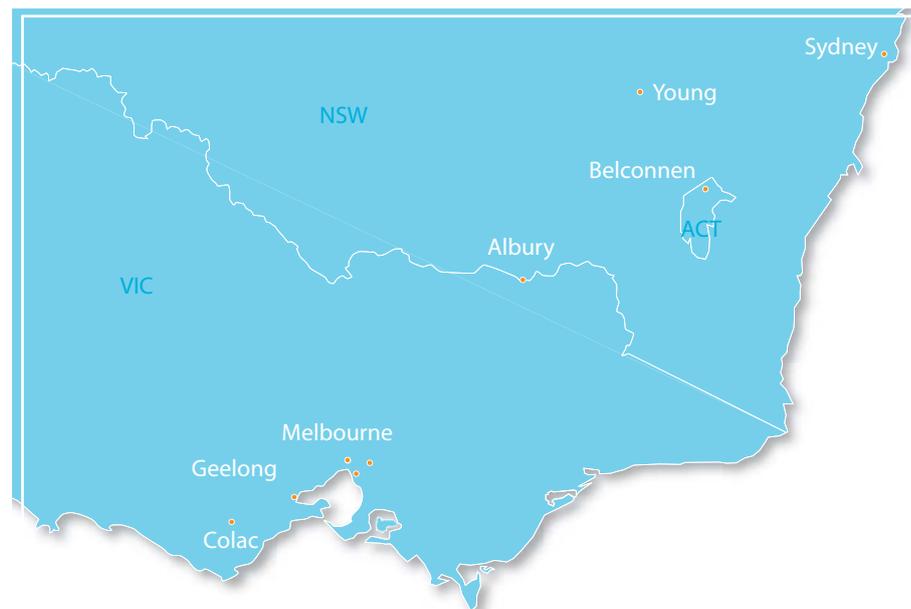
Mercy Health Home & Community Care is well established in the community care sector with a range of contracts and government allocations. This service base will be strengthened through our focus on customer service and service responsiveness and our structured staff development and recruitment programs.

Consolidation and expansion in established areas of operation remain important priorities for Mercy Health Home & Community Care.

“As we strengthen our existing service base, we are reviewing opportunities to create a presence in new areas,” said Roger Salmaggi, Executive Director, Mercy Health Home & Community Care.”

We are currently working to extend our services in northern Melbourne where there is a need to provide higher level and more complex community care in areas such as Heidelberg. We are also increasing our presence in the south western region as we recognise the need for people in that area to have access to local care and support services.

Our locations



• Home and Community Care

Supporting *our* people



To care effectively for our patients, clients and residents we must also care for our people. Having dedicated, skilled people to provide services with compassion and respect is integral to our organisation.

We promote growth and learning in our organisation by offering professional development and training including graduate programs, postgraduate programs, traineeships, management and leadership programs, and in house training. Training is offered through Mercy Health Training Institute, a registered training organisation, and through partnerships with universities and other health providers.

“With 40 per cent of our workforce aged 45 years and older, we have put a number of strategies in place to meet the challenges, risks and opportunities facing our organisation,” said Kate McCormack, Director People, Learning & Culture.

In 2011 we received \$40,000 funding from the Department of Health’s Value Added Intervention Project for mature nurses and midwives. We engaged the

services of specialists in managing an ageing workforce to conduct focus groups to determine the needs of our mature employees. A number of leadership forums are scheduled so that our managers can discover more about the ageing workforce and contribute to our future strategy. Create Your Future seminars for mature age employees have been arranged to assist people in life planning, which includes information on retirement and advice and resources to plan for a productive future. The funding will also be used to develop IT training for mature employees so they can learn how to use the intranet and internet and increase their skills in programs such as Excel and Outlook.

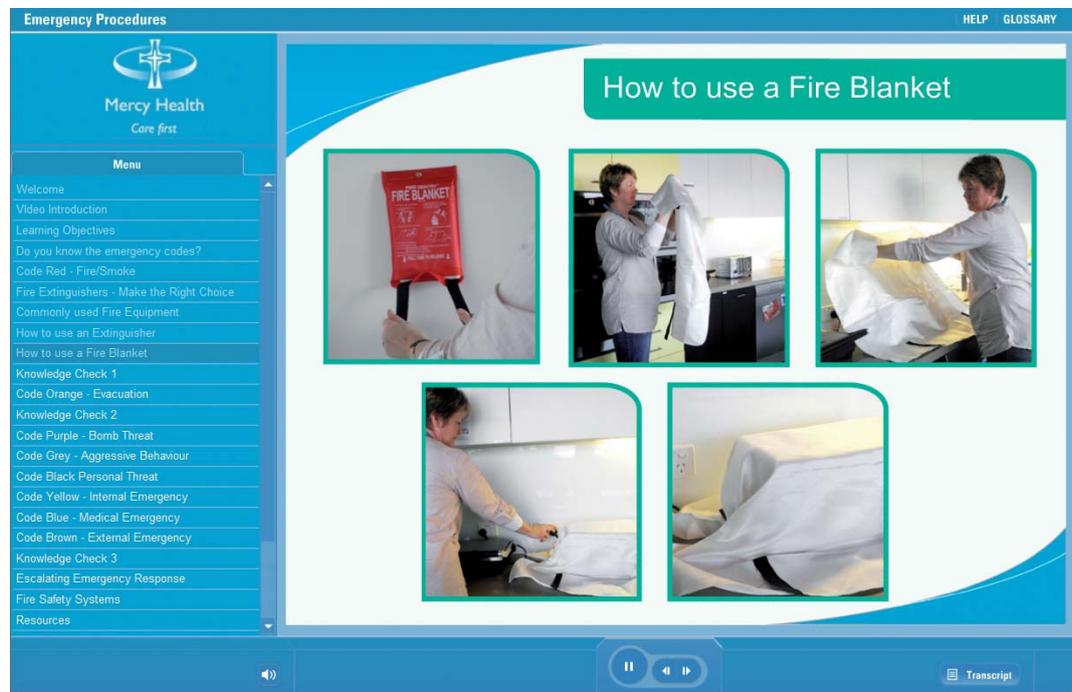
In 2011 we began a new e-learning initiative to improve employee access to training programs, ensure currency of training content and give our employees maximum access to learning tools so they can complete their mandatory competencies. Through this initiative employees across the organisation will have access to standardised learning modules and course completion will be recorded and reported centrally.



Supporting our people

Compassion Hospitality Respect Innovation Stewardship Teamwork

Supporting *our* people



"Emergency Procedures" e-learning module.

With over 5,500 employees, we understand people's need to meet their career goals, balance their work and personal lives, and adapt to changing circumstances. We offer flexible working arrangements and leave options, including paid study and professional development leave. We have a range of health and wellbeing initiatives and offer support programs and assistance

for parents such as our Children at Work policy and our Parents Network. We have developed a mentoring program for women returning to work and offer casual work options for employees on parental leave. Our Kids@Work day is hosted in the Support Services office so people can balance their caring responsibilities during school holidays. The program is coordinated through Camp Australia.



Kids@Work day is one of our initiatives to balance work and family life.



Mercy Health employees come from a variety of backgrounds representing more than 70 cultural backgrounds, speaking over 50 languages.

Our exit surveys are updated and distributed to all employees who leave the organisation. Through this feedback we get an insight into family and carer related reasons for leaving, which helps us address issues of access or support through our programs and initiatives.

Manage@Mercy is a valuable online resource that provides a simple and efficient reference guide to assist our managers with various Human Resources related processes. The guide was developed in line with feedback received from the organisation. Links to relevant information and documentation ensures processes are carried out in accordance with our policies and procedures.

For many years Mercy Health has been driving change for a more inclusive and equitable workplace. We have received the Equal Opportunity for Women in the Workplace Agency's (EOWA) Employer of Choice for Women citation four years in a row.

Our focus on diversity and inclusion is consistent with our values. Many of our workplace programs and culture and diversity initiatives have been recognised locally and nationally.

Awards:

- Victorian Government's Working Families Council – Fair and Flexible Employer Recognition
- EOWA Business Achievement Awards – Diversity Leader for the Advancement of Women
- HR Leader Compass Awards – The HR Partners Award for Best HR Leader
- Equal Opportunity for Women in the Workplace Agency's (EOWA) Employer of Choice for Women citation (fourth consecutive year)
- EOWA Business Achievement Awards – Leading Organisation for the Advancement of Women (800+ employees)
- Diversity@Work Awards – Diversity and Inclusion Champion (Large Organisation)
- HR Leader Awards – The Aon Consulting Award for Best Workplace Diversity Strategy



A cultural encounter with Narinderjeet



In every issue of “Cultural Connections in Care”, our cultural diversity newsletter, we profile a Mercy Health employee and their encounters with cultural diversity.

In one issue Narinderjeet Kaur, Lifestyle Coordinator at Mercy Place Parkville, talks about her cultural connections in Australia and India. Narinderjeet was originally from Punjab in northern India. She came to Australia in 2007 and began working at Mercy Place Parkville when it opened in October 2009. This is the first role Narinderjeet has had in aged care services. She really enjoys

working at Mercy Place Parkville and says, “I love my job here. All the staff are very nice.” Sometimes I feel like Mercy Place Parkville is in India because we celebrate festivals and special occasions related to India. Last year we celebrated a famous festival of India HOLY (it is all about throwing colour on each other and having fun). All the residents, manager and staff members enjoyed it. “On Harmony Day my manager put on an Indian dress which makes me very happy. I feel like I am working in a family.”

Narinderjeet was the first person to participate in the Ageing Abroad initiative.

Supporting our community

Our diverse workforce supports people in the community who come from 150 countries and speak more than 70 languages.

We have a Cultural Diversity Committee that operates at a strategic level to ensure equitable, high quality healthcare is provided to people from culturally and linguistically diverse backgrounds. The Committee led the development of Mercy Health's Cultural Responsiveness Plan 2010-13, which was approved by the Mercy Health Board in November 2010 and submitted to the Victorian Department of Health. The plan was highly commended by the Department of Health, showing a "very strong commitment to working with [the] community across the whole organisation". Our cultural responsiveness plan, Mercy Health's cultural responsiveness policy and all the Committee's documentation, newsletters and event news are available on our intranet.

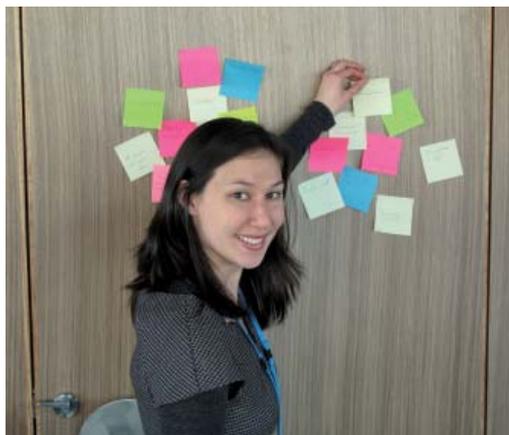
At an operational level, we have Cultural Diversity Working Groups across Mercy Health that monitor provision of care locally and report to the Cultural Diversity Committee.

The Committee has established meaningful partnerships with community organisations such as the Ethnic Communities Council of Victoria and the Centre for Culture, Ethnicity and Health, and a broad range of Mercy Health employees support diverse communities across our services.

Courtney Wood, Community Relations Officer reviews comments from "Your Hospital, Your Say" sessions at Werribee Mercy Hospital.

Collaborative Therapy – Vietnamese Women's Group

Thuy Dinh and Yen Nguyen, Vietnamese speaking case managers from Mercy Mental Health's Saltwater Clinic, in collaboration with colleagues from Mercy Mental Health and St Vincent's Hospital, delivers the Collaborative Therapy Program to a group of Vietnamese women. The program is based on "The Optimal Health Program – The Collaborative Therapy Intervention Participant Workbook", which has now been translated into Vietnamese. It consists of eight sessions and aims to assist participants to gain confidence in their ability to understand the issues that impact on their health, recognise stress, early warning signs and to choose constructive and practical coping strategies to maintain optimal health and prevent episodes of relapse. The Vietnamese women's group meets fortnightly giving participants an opportunity to share their stories and explore practical ways of coping with day-to-day hardships. Each session includes a lunch so the group can sit and relax together.



Supporting our people

Compassion Hospitality Respect Innovation Stewardship Teamwork

Supporting *our* people



Our cultural connections also extend overseas. Through Mercy Health's Ageing Abroad program, employees can connect with aged care services overseas when they visit family or travel to meet colleagues. Our "ambassadors" take a tote bag of gifts with them and bring back stories and photos and personal experiences. They also exchange insights into the ways different cultures care for older people.

Our commitment to improving communication with our local communities was extended in 2010 when we appointed a Community Relations Officer to gather input from each of our regions and develop a plan for the way Mercy Health will communicate with the people we care for.

One of the first projects to go into planning was a series of "Your Hospital, Your Say" feedback sessions for members of the Wyndham community. This project is supported by Werribee Mercy Hospital and its Community Advisory Committee. Our learnings will be used to develop a community engagement plan so the hospital can stay in touch with people more effectively.



Mercy Health

Care first

How we govern ourselves

Contents

Our Governance Structure

Board and Committees

Mercy Health Organisational Structure

Mercy Public Hospitals Inc Workforce Data

Mercy Public Hospitals Inc Access Data

Mercy Public Hospitals Inc Activity Data

Mercy Public Hospitals Inc Statutory Requirements

Mercy Public Hospitals Inc
Finance and Performance Report

Mercy Public Hospitals Inc Summary of Financial Results

Mercy Public Hospitals Inc Revenue Indicators

Mercy Public Hospitals Inc
Patient Fees Outstanding as at 30 June 2011

Mercy Public Hospitals Inc
Analysis of Operating Revenues and Expenses

[How we govern ourselves](#)

[Compassion](#) [Hospitality](#) [Respect](#) [Innovation](#) [Stewardship](#) [Teamwork](#)

How we govern ourselves

Mercy Health is a Catholic provider of health, community and aged care services. A private organisation founded and wholly owned by the Sisters of Mercy, Melbourne Congregation we offer acute and subacute hospital care, aged care, mental health programs, specialist women's health, early parenting education and support, palliative care, home and community care, and health worker training and development.

Each year Mercy Health cares for nearly half a million people across Victoria, southern New South Wales and the Australian Capital Territory.

Our priority is always to care first.

Our Governance Structure Board and Committees

The Board of Mercy Health operates as the concurrent Board of:

- Mercy Health & Aged Care Inc
- Mercy Public Hospitals Inc
- Mercy Hospice Inc
- Mercy Private Hospital Inc
(a dormant entity)
- Bethlehem Home for the Aged Inc
- Mercy Health Service Albury Ltd
- Marianella Nursing Home Ltd
- Mercy Care Centre Young Ltd

Mercy Health & Aged Care Inc is the member of the Mercy Health Foundation Ltd and, until 31 March 2011, the joint member with St Vincent's Health Australia of St Vincents & Mercy Private Hospitals Ltd.

In addition, Mercy Health & Aged Care Inc is the manager of Rice Village Ltd.

Regarding the Mercy Health Board:

- Dr Frances Baker rsm resigned from the Board on 25 February 2011
- Professor Greg Whelan AM completed his term of office at the 2010 Annual General Meeting on 18 November 2010
- Sr Joan Wilson rsm commenced on the Board on 1 April 2011
- Ms Margaret Bounader commenced on the Board on 3 May 2011

Mercy Health Board

Mr Julien O'Connell (Chairman)
Dr Frances Baker rsm (resigned 25 February 2011)
Mr Maurice Bisetto
Ms Margaret Bounader (commenced 3 May 2011)
Ms Virginia Bourke
Ms Polly Caldow
Associate Professor Michael Coote
Mr Gerard Dalbosco
Mr John Moore
Ms Agnes Sheehan
Sr Kathleen Tierney rsm
Sr Joan Wilson rsm (commenced 1 April 2011)
Professor Greg Whelan AM (retired 18 November 2010)

The Board is supported by five committees detailed below.

Finance and Audit Committee

Mr Gerard Dalbosco (Chair)
Ms Maurice Bisetto
Mr John Moore
Mr John Ries

Ethics Committee

Sr Helen Monkivitch rsm AO (Chair)
Dr Frances Baker rsm
Mr Stephen Cornelissen
Dr Genevieve Green
Ms Kate Hewett
Ms Mary Klasen
Fr Cormac Nagle OFM
Dr Adrian Thomas

Quality Committee

Professor Greg Whelan AM (Chair) –
retired 18 November 2010
Mr Brian Collopy AM
Associate Professor Michael Coote
(Chair)
Professor Margaret O'Connor –
commenced 11 November 2010
Dr Carol Ong rsm –
resigned January 2011

Research and Ethics Committee

Emeritus Professor Peter Carpenter
(Chair)
Ms Christine Childs
Mr Paul Drinkwater
Mr Kevin Fell
Ms Geraldine Gray
Professor Susan McDonald
Associate Professor Michael McKay
Sr Helen Monkivitch rsm AO
Fr Cormac Nagle OFM
Professor Michael Permezel
Ms Susan Phillips
Professor Sue Walker
Dr Andrew Watkins

**Corporate Governance Remuneration
and Nomination Committee**

Ms Virginia Bourke
Mr Gerard Dalbosco
Mr John Moore
Mr Julien O'Connell (Chair)

Chief Executive Officer

Dr John Ballard
(to 30 June 2011)

Chief Operating Officer

Mr Stephen Cornelissen
(to 30 June 2011)

**Chief Financial Officer/
Executive Director
Finance & Corporate Services**

Mr Tony Goad
(Acting Chief Financial Officer
July 2010 to April 2011)
Mr Tony Goad
(Executive Director
Finance & Corporate Services,
April 2011 to present)

Director People, Learning & Culture

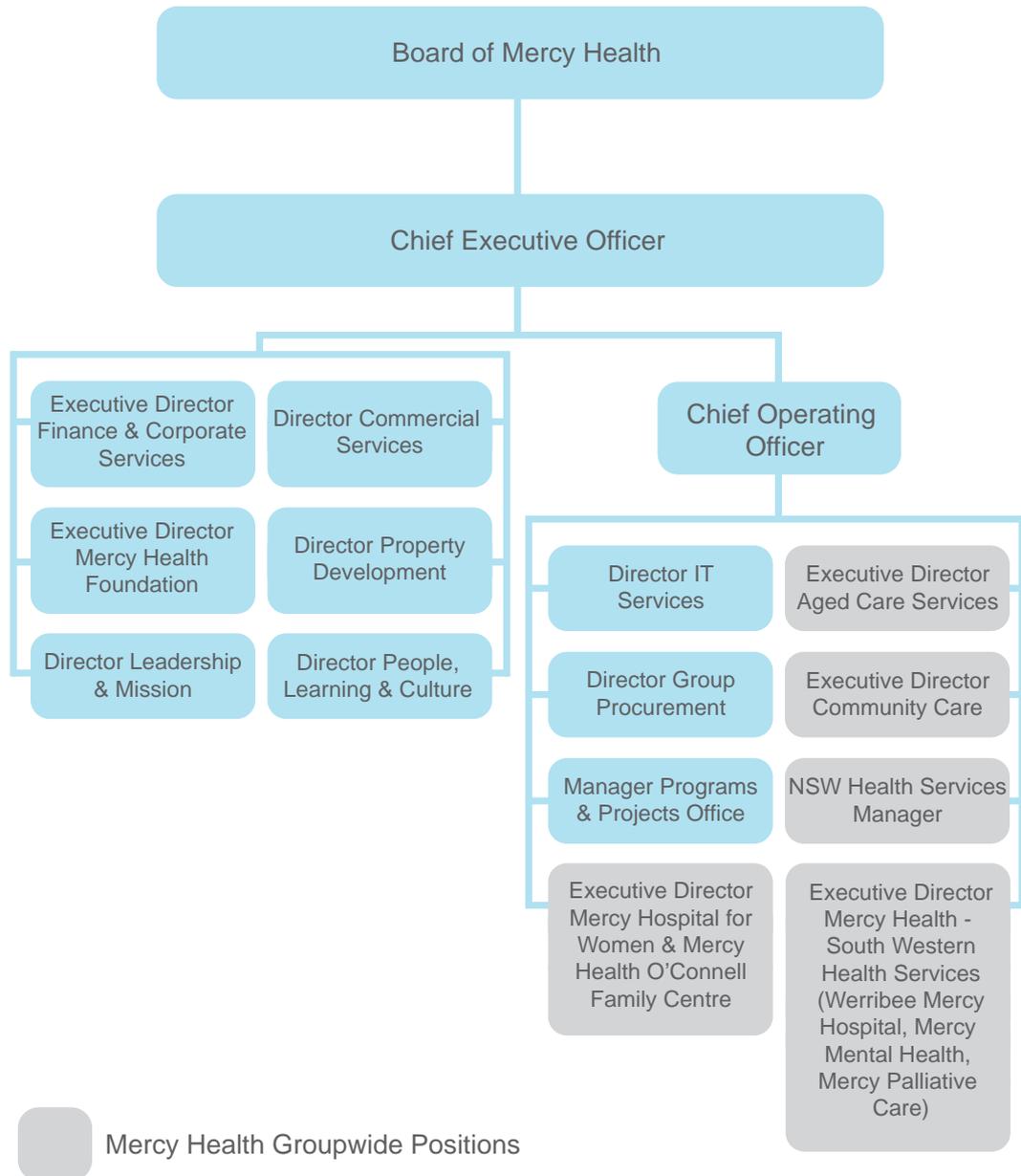
Ms Kate McCormack

Director Leadership & Mission

Sr Helen Monkivitch rsm AO

How we govern ourselves

Mercy Health Organisational Structure*



*As at 30 June 2011.

Mercy Public Hospitals Inc Workforce Data

	Mercy Hospital for Women		Mercy Health O'Connell Family Centre	
	2010-11	2009-10	2010-11	2009-10
Staff by Gender				
Male	150	152	2	1
Female	1,310	1,277	50	42
TOTAL	1,460	1,429	52	43
Staff by EFT				
Nursing/Midwifery	459.4	440.9	22.7	21.2
Administration & Hotel Services	175.5	176.9	3.4	3
Medical	92.8	93.4	0.2	0.1
Allied Health Professionals	50.7	50.5	0.3	0.2
TOTAL STAFF EFT	778.4	761.7	26.6	24.5

	Werribee Mercy Hospital		Mercy Mental Health	
	2010-11	2009-10	2010-11	2009-10
Staff by Gender				
Male	140	143	98	92
Female	787	827	195	190
TOTAL	927	970	293	282
Staff by EFT				
Nursing/Midwifery	279.8	272.9	116.7	113.4
Administration & Hotel Services	119.9	120.3	14.7	14.6
Medical	41.3	36.1	22.8	23.2
Allied Health Professionals	34.2	33.0	36.7	39.7
TOTAL STAFF EFT	475.2	462.3	190.9	190.9

A performance snapshot

Mercy Public Hospitals Inc Access Data

Mercy Hospital for Women	2010-11	2009-10
1. Elective surgery performance		
Category 1 proportion of patients admitted within 30 days	100%	100%
Category 2 proportion of patients waiting less than 90 days	100%	100%
Category 3 proportion of patients waiting less than 365 days	100%	99%
Number of admissions from elective surgery waiting list	2,279	2,201
Number of hospital initiated postponements as a percentage of total admissions	0.9%	
Elective surgery waiting list as at 30 June	538	455
2. Emergency Department performance (maternity and women's health services only)		
2a. Percentage of Category 1 emergency patients seen immediately	100%	100%
2b. Percentage of Category 2 patients receiving attention within 10 minutes	100%	100%
2c. Percentage of Category 3 patients receiving attention within 30 minutes	90%	84%
2d. Percentage of patients requiring admission who are admitted within eight hours	82%	85%
2e. Percentage of non-admitted patients who stayed less than four hours	83%	87%
2f. Number of patients who stayed in the Emergency Department for more than 24 hours	6	22
3. Hospital in the home separations	666	538

Mercy Health O'Connell Family Centre – Access Data

	2010-11	2009-10
Individuals		
Total Residential – individuals	1,093	1,075
Total Day Stay – individuals	1,091	1,126
Families		
Total Residential (agreed performance = 500)	509	507
Total Day Stay (agreed performance = 500)	523	535
Residential – Average Length of Stay (in days)	3.26	3.28
High needs families		
Percentage of families with one or more risk factors	100%	99%
Education participants		
External Service Providers (agreed performance = 100)	191	164
Non-Residential families (agreed performance = 250)	244	253
Intake		
Requests for service	2,487	
Health Professional Calls	891	802
Intake Assessment Calls	1,779	1,433
Preadmission Consultations	248	192
Families placed on Waiting List	1,031	1,129
Mental Health Service		
Clients with Mental Health Issues	319	
Clients receiving Psychiatric Services	188	
Mental Health Consultations	318	75

A performance snapshot

Werribee Mercy Hospital	2010-11	2009-10
1. Elective surgery performance		
Category 1 proportion of patients admitted within 30 days	100%	100%
Category 2 proportion of patients waiting less than 90 days	100%	99%
Category 3 proportion of patients waiting less than 365 days	100%	96%
Number of admissions from elective surgery waiting list	3,806	4,168
Number of hospital initiated postponements as a percentage of total admissions	4.8%	
Elective surgery waiting list as at 30 June	754	658
2. Emergency Department performance		
2a. Percentage of Category 1 emergency patients seen immediately	100%	100%
2b. Percentage of Category 2 patients receiving attention within 10 minutes	82%	76%
2c. Percentage of Category 3 patients receiving attention within 30 minutes	77%	77%
2d. Percentage of patients requiring admission who are admitted within eight hours	73%	75%
2e. Percentage of non-admitted patients who stayed less than four hours	76%	81%
2f. Number of patients who stayed in the Emergency Department for more than 24 hours	217	141
3. Hospital in the home separations	281	254

Mercy Public Hospitals Inc Activity Data

Mercy Hospital for Women – Activity Statement	2010-11	2009-10
Admitted Patients		
Separations		
Same day	4,934	5,389
Multi day	14,262	13,703
Total separations	19,196	19,092
Emergency	1,452	1,221
Elective	3,721	3,896
Other (including maternity)	14,023	13,975
Total separations	19,196	19,092
Public separations	17,042	16,977
Total WIES	19,163	17,775
Total bed days	70,115	66,596
NICU minimum operation capacity (days closed to new admits)	5	
Non-admitted Patients		
Emergency medicine attendances	15,092	14,664
Victorian Ambulatory Classification System (VACS) outpatient services – occasions of service	95,420	91,775
Non-VACS outpatient services – occasions of service	40,668	34,991
Other services – occasions of service (DOM – Postnatal Domiciliary Care)	8,914	8,613
Aboriginal liaison service	870	689
Family and Reproductive Rights Education Program (FARREP)	773	722
Total occasions of service	161,737	151,454

A performance snapshot

Werribee Mercy Hospital – Activity Statement

Admitted Patients	2010-11				2009-10			
	Acute	Sub Acute	Mental Health	Total	Acute	Sub Acute	Mental Health	Total
Separations								
Same day	14,592	0	8	14,600	14,829	0	11	14,840
Multi day	10,911	263	609	11,783	10,467	171	720	11,358
Total separations	25,503	263	617	26,383	25,296	171	731	26,198
Emergency	9,759			9,759	8,732			8,732
Elective	11,432			11,432	12,105			12,105
Other (including maternity)	4,312			4,312	4,459			4,459
Total separations	25,503	263	617	26,383	25,296	171	731	26,198
Public separations	23,873			23,873	23,529			23,529
Total WIES	12,708			12,708	12,765			12,765
Total bed days	51,258	4,350	11,873	67,481	53,235	3,287	12,056	68,578
Non-admitted Patients								
Emergency medicine attendances	37,307			37,307	36,759			36,759
Victorian Ambulatory Classification System – (VACS) outpatient services – occasions of service	2,826			2,826	n/a	n/a	n/a	n/a
Outpatient services – occasions of service	13,648	26,093	84,154	123,895	13,265	27,452	91,986	132,703
Other services – occasions of service (*DOM – Postnatal Domiciliary Care) (**CRC – Community Rehabilitation Centre)	*3,247	**5,287		8,534	*3,036	**4,020		7,056
Total occasions of service	57,028	31,380	84,154	172,562	53,060	31,472	91,986	176,518

Mercy Public Hospitals Inc Statutory Requirements

Freedom of information

Mercy Public Hospitals Inc is committed to maintaining the integrity and security of patient records and the health information held within them. The Freedom of Information Act 1982 (Vic) provides for individuals to request access to information contained within their medical record. It also provides for individuals to request that incorrect or misleading information be amended or removed from their medical record.

In 2010-11 Mercy Hospital for Women received a total of 131 Freedom of Information (FOI) requests and Werribee Mercy Hospital received 307 FOI requests. Other areas of Mercy Public Hospitals Inc received 11 FOI requests.

Whistleblowers Protection Act 2001

The Whistleblowers Protection Act 2001 supports people in making disclosures of improper conduct by public officers and public bodies. The Act provides protection to people who make disclosures in accordance with the Act and establishes a system for the matters disclosed to be investigated and rectifying action to be taken.

Mercy Health does not tolerate improper conduct by its employees, nor any prejudice against those who come forward to disclose such conduct. We are committed to ensuring transparency and accountability in the administration of our services and strongly support the disclosure of information that enables the identification of corrupt conduct or conduct involving a substantial mismanagement of public resources, risk to public health and safety or the environment.

Mercy Health will take all reasonable steps to protect people who make such disclosures from any detrimental action in reprisal for making the disclosure. It will also afford natural justice to the person who is the subject of the disclosure.

Mercy Hospital for Women

FOI application fees received:	\$4,059.70
FOI application fees waived:	\$3,442.80
Total value of any other FOI income	\$1,967.00

Mercy Health O'Connell Family Centre

FOI application fees received:	\$22.70
FOI application fees waived:	\$22.70
Total value of any other FOI income	\$0

Werribee Mercy Hospital

FOI application fees received:	\$2,340
FOI application fees waived:	\$860.20
Total value of any other FOI income	\$0

A performance snapshot

Reporting procedures

Disclosures of improper conduct or detrimental action by Mercy Public Hospitals Inc or its employees may be made to the following officer.

The Protected Disclosure Coordinator
Kerry Shearer
Executive Director
Risk Management & Quality
Phone: (03) 8416 7843

Alternatively, disclosures of improper conduct or detrimental action by Mercy Public Hospitals Inc or its employees may also be made directly to the Ombudsman.

The Ombudsman Victoria
Level 9, 459 Collins Street
(North Tower),
Melbourne Vic 3000
Phone: (03) 9613 6222
Toll free: 1800 806 314
ombudvic@ombudsman.vic.gov.au
www.ombudsman.vic.gov.au

Further information

Written guidelines outlining the system for reporting disclosures of improper conduct or detrimental action by Mercy Public Hospitals Inc or its employees are available for public perusal.

Disclosures under the Whistleblowers Protection Act in 2009-10

The current procedures established by Mercy Public Hospitals Inc under Part 6 of the Act are available upon request. In the 2010-11 financial year there were no public interest disclosures, no protected disclosures and no recommendations made by the Ombudsman that related to Mercy Public Hospitals Inc.

National Competition Policy

Mercy Health adheres to competitive neutrality guidelines in the contracting process and reviews existing contracts where appropriate.

The Building Act 1993

Mercy Health ensures buildings, plant and equipment that it owns are maintained in accordance with the requirements of all relevant statutory authorities. All new building works performed by or on behalf of Mercy Public Hospitals Inc comply with current requirements of the Building Code of Australia and other applicable Australian standards, statutory authorities or codes of practice.

Victorian Industry Participation Policy Act 2001

During 2010-11, no contracts that required disclosure under the Victorian Industry Participation Policy Act 2003 were started or completed.

Financial Reporting Direction 22 (FRD 22)

All information required by Financial Reporting Direction 22 is available for the Minister, Members of Parliament and the general public on request.

Disclosure Requirements (FRD 10)

Mercy Health complies with all Financial Reporting Directions and statutory disclosure requirements. All disclosures applicable under Australian Accounting Standards are independently audited.

Occupational health and safety

Mercy Health is committed to ensuring the health, safety and welfare of its employees, patients, residents, clients, volunteers, contractors, visitors and others who may be affected by its operations. Occupational health and safety and return to work key performance indicators (KPIs) have been measured at Mercy Health facilities over the past six years. Last year 26 Mercy Health facilities were audited by the Occupational Health and Safety Manager, compared to nine facilities five years ago. Each year the pass rate for KPIs is raised or modified to ensure we continuously improve our safety culture. Results and recommendations are reported to the Mercy Health Board.

Consistent with our commitment to safety, a number of occupational health and safety initiatives were implemented in 2010-11.

Safe operating procedures have been developed for all Mercy Health Home & Community Care tasks. These outline safe practice for home carers in a simple, easy to understand format.

Our health and aged care services have been focusing on training our onsite manual handling mentors to increase vigilance with regard to employees' skill and compliance to reduce musculo-skeletal injuries in the workplace.

These injuries make up the majority of WorkCover claims. Our manual handling program, called "Moving@Mercy", is run by onsite trainers with support from a Group Manual Handling Coordinator.

Lost time injuries have remained stable with nearly 70 per cent of injured staff returning to work within 10 days of injury.

Risk management

Mercy Health has an open, transparent and risk aware culture. An enterprise risk program is in place and endorsed by the Mercy Health Board. We recognise that effective risk management is critical to achieving the organisation's objectives and protecting the people we care for and the people we employ. The most recent independent audit of the risk framework was rated at "very good".

This means we have a comprehensive risk management framework in place that operates successfully.

Operational risk registers are maintained throughout the business with a consolidated risk report provided twice a year to the Board. In addition, the Mercy Health strategic risk register is monitored by the Board on an ongoing basis. A risk controls effectiveness review is conducted to ensure that the risks being reported have controls in place that mitigate risks as they are designed to do.

A performance snapshot

The highest rated risks facing Mercy Health in 2010-11 were the financial viability of Mercy Public Hospitals Inc and the need to improve our aged care quality management system. The former risk pertains to the ability to deliver services required by the community within funding constraints. The latter risk relates to adverse findings at one residential aged care facility in which shortcomings were identified in the aged care quality management system. Since these findings a new quality framework has been developed for the aged care quality system. It consists of five domains of quality; a standardised toolset for data measurement, assessment and reporting; and the creation of clinical care modules.

Both risks have comprehensive treatment plans in place and, as strategic risks, are reported to and regularly reviewed by the Board.

Chair's Attestation

Attestation for Compliance with the Australian/New Zealand Risk Management Standard – Mercy Public Hospitals Inc

I, Julien O'Connell certify that Mercy Public Hospitals Inc has risk management processes in place consistent with AS/NZS ISO 31000:2009 Risk Management – Principles and guidelines and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The audit committee verifies this assurance and that the risk profile of Mercy Public Hospitals Inc has been critically reviewed within the last 12 months.



Julien O'Connell
Chairman

Mercy Health
30 June 2011

Mercy Public Hospitals Inc Finance and Performance Report

Mercy Public Hospitals Inc continues to face challenges in providing quality health services that can meet increasing demand while maintaining financial viability within a capped funding system. The issue of financial viability is further exacerbated by the reduced ability for Mercy Hospital for Women to raise funding from sources outside traditional government funding streams. In conjunction with the Department of Health, Mercy Public Hospitals Inc is exploring options to address this issue to ensure sustainability of services as well as financial viability.

Our operating result

In the context of these challenges, the financial result for this financial year was a net deficit before capital and specific items of \$210,000. This result reflected a dedication to the principle of financial credibility; however, it must be emphasised that without agreement on funding reforms it is unlikely such a result can be sustained into the future.

The past year has seen continued focus on improved operational efficiencies, reduction of staff costs through minimising the use of agency staff and a concerted effort to remodel Mercy Mental Health's operations. After accounting for capital funding and depreciation, Mercy Public Hospitals Inc reported a net surplus for the year of \$2.989 million. Increasing demand for emergency services at Werribee Mercy Hospital continues to exceed the funding allocations provided to support these services. Alignment of services and funding in this area will be a focus of discussion with the Department of Health.

The overall net result of \$2.989 million is primarily attributable to capital grants of some \$7.4 million predominantly provided to fund infrastructure development at Werribee Mercy Hospital.

Meeting demand for services

Mercy Public Hospitals Inc delivered services in excess of Department of Health fully funded targets for acute services (also referred to as Casemix/WIES) achieving 100.8 per cent of the annual Public/Private WIES target. This resulted in the delivery of services equating to some 253 WIES in excess of the target, which attracted marginal revenue totalling \$329,000.

Consistent with previous years, Mercy Public Hospitals Inc delivered outpatient services in excess of funded levels which continued to place pressure on the objective of delivering services within allocated funding resources.

Access and performance

Mercy Public Hospitals Inc met the performance targets for elective surgery; however, increasing demand for emergency services at Werribee Mercy Hospital and Mercy Hospital for Women places pressure on achieving Emergency Department waiting time targets. Despite the implementation of numerous initiatives, such as a fast track service and Short Stay Unit at Werribee Mercy Hospital, Mercy Public Hospitals Inc was unable to meet all Emergency Service performance targets for the year. A lack of availability and/or access to mental health beds in the western region was the major contributor to Mercy Public Hospitals Inc not meeting the target for the percentage of patients requiring admission within eight hours as well as a larger than desirable number of patients staying in the Emergency Department for longer than 24 hours.

A performance snapshot

Mercy Public Hospitals Inc Summary of Financial Results

	2011	2010	2009	2008	2007	2006
Total Revenue	217,444	200,450	186,703	176,855	162,845	149,062
Total Expense	214,455	204,638	185,888	175,696	165,115	150,573
Operating Surplus/ (Deficit)	2,989	(4,188)	815	1,159	(2,270)	(1,511)
Retained Surplus (Accumulated Deficit)	4,244	1,434	5,603	4,462	3,474	6,533
Total Assets	50,445	45,529	53,985	50,769	48,676	51,411
Total Liabilities	44,108	42,181	46,449	44,048	43,114	43,579
Net Assets	6,337	3,348	7,536	6,721	5,562	7,832
Total Equity	6,337	3,348	7,536	6,721	5,562	7,832

Mercy Public Hospitals Inc Revenue Indicators

Average Collection Days	2011	2010
Private	64	67

Mercy Public Hospitals Inc Patient Fees Outstanding as at 30 June 2011

Mercy Hospital for Women	Under 30 days \$'000	31-60 days \$'000	61-90 days \$'000	Over 90 days \$'000	Total 2011 \$'000	Total 2010 \$'000
Private	382	275	91	382	1,130	1,204
Werribee Mercy Hospital	Under 30 days \$'000	31-60 days \$'000	61-90 days \$'000	Over 90 days \$'000	Total 2011 \$'000	Total 2010 \$'000
Private	143	22	18	111	294	238

Mercy Public Hospitals Inc Analysis of Operating Revenues and Expenses

	2011 \$'000	2010 \$'000
REVENUES		
Services Supported by Health Services Agreement		
Government grants	190,504	174,930
Indirect contributions by Department of Health	4,203	3,180
Equipment and infrastructure maintenance	1,181	1,146
Patient fees	6,043	6,334
Donations and bequests	85	217
Interest	534	310
Other revenue	2,613	2,705
	205,163	188,822
Services Supported by Hospital and Community Initiatives		
Private practice fees	2,141	1,513
Research and program grants	10	45
Property income	489	457
Other revenue	2,284	2,214
	210,087	193,051
EXPENSES		
Services Supported by Health Services Agreement		
Employee entitlements	145,495	137,192
Fee for service medical officers	5,847	6,031
Agency staff costs	4,543	6,303
Supplies and consumables	19,867	19,406
Other expenses	31,659	28,492
	207,411	197,424

A performance snapshot

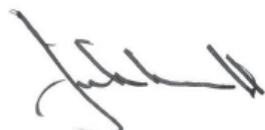
Mercy Public Hospitals Inc Analysis of Operating Revenues and Expenses continued

	2011 \$'000	2010 \$'000
Services supported by Hospital and Community Initiatives		
Employee entitlements	2,167	2,308
Fee for service medical officers	27	24
Agency staff costs	17	1
Supplies and consumables	64	71
Other expenses	611	823
	210,297	200,651
Surplus/(Deficit) for the year before capital purpose income, depreciation, amortisation and specific revenues and expenses	(210)	(7,600)
Capital purpose income	7,357	7,399
Depreciation and amortisation	(4,158)	(3,986)
Finance Costs	-	(1)
Net surplus/(Deficit)	2,989	(4,188)

Chair's Attestation

Attestation on Data Integrity

I, Julien O'Connell certify that Mercy Public Hospitals Inc has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Mercy Public Hospitals Inc has critically reviewed these controls and processes during the year.



Julien O'Connell
Chairman

Mercy Health
30 June 2011

Our locations

We have hospitals, clinics, early parenting services, mental health programs, palliative care services, home and community care, transition care programs and residential aged care facilities in Victoria and southern New South Wales, and we provide home and community care in the ACT.

Health Services

Victoria

Mercy Hospital for Women, Heidelberg

Well Women's Clinic, Ivanhoe

Mercy Health Lymphoedema Clinic, East Melbourne, Heidelberg

Mercy Health O'Connell Family Centre, Canterbury

Werribee Mercy Hospital, Werribee

Mercy Mental Health, Werribee, Footscray, Hoppers Crossing

Mercy Palliative Care, Sunshine

New South Wales

Mercy Health Service Albury

Mercy Care Centre Young

Aged Care

Victoria

Mercy Health Bethlehem Home for the Aged, Bendigo

Mercy Place Apartments, Parkville

Mercy Place Colac

Mercy Place East Melbourne

Mercy Place Fernhill, Sandringham

Mercy Place Montrose

Mercy Place Parkville

Mercy Place Rice Village, Geelong

Mercy Place Shepparton

Mercy Place Warrnambool

Mercy Place Wyndham

New South Wales

Mercy Place Albury

Mt St Joseph's Nursing Home, Young

Home and Community Care

Victoria

Mercy Health Home & Community Care, East Melbourne, McKinnon, Mitcham, North Melbourne, Parkville

Mercy Health Best of Care, Hamlyn Heights, Manifold Heights, Colac

Home HealthTrack, Parkville

New South Wales

Mercy Health Home & Community Care, Albury, Sydney, Young

Australian Capital Territory

Mercy Health Care on Call, Belconnen

Education and Training

Victoria

Mercy Health Training Institute, Parkville



Mercy Health

Care first

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