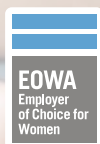




Caring for Our Community

Quality of Care Report

2008-09





Welcome to Our Quality of Care Report

Every year Mercy Health Public Hospitals Inc publishes a *Quality of Care Report* to inform you of the ways in which we promote and monitor quality health care.

This report offers an insight into our continuous improvement, innovation and research so that we can, first and foremost, care for you.

Caring for Our Community

Mercy Health is a Catholic community benefit organisation founded by the Sisters of Mercy.

Each year Mercy Health cares for nearly half a million people from across Victoria and into New South Wales.

Mercy Public Hospitals Inc operates public health services in Victoria on behalf of Mercy Health through:

- Mercy Hospital for Women, Heidelberg
- Werribee Mercy Hospital, Werribee
- Mercy Health O'Connell Family Centre, Canterbury
- Mercy Mental Health, Werribee, Footscray and Deer Park
- Mercy Health Lymphoedema Services, East Melbourne and Heidelberg

Our Mission

To follow Jesus Christ in his mission of mercy through the delivery of health, aged care and community services.

Our Vision

To build an enduring capacity and passion to serve those with special needs.

Our Values

Compassion, respect, innovation, stewardship and teamwork are central to everything that we do.

Committed to Care

We deliver first class health care across the community and strive to meet people's changing needs.

Your feedback is valuable and we encourage you to comment on the services we provide.

You can:

- Contact Werribee Mercy Hospital on (03) 9216 8712
- Contact the Patient Liaison and Complaints Officer at Mercy Hospital for Women on (03) 8458 4807

In 2008-09 our health services provided care for more than 45,000 inpatient admissions or almost 140,000 bed days, including the delivery of over 7,000 "Mercy babies". Over 250,000 outpatient or home based care services were provided.

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Clients, Carers, Community



Mercy Health cares for people at every stage of life through acute and subacute hospitals, aged care, mental health, specialist women's health, early parenting, palliative, home and community care and health worker training and development.

Following is a snapshot of some key initiatives to support clients, carers and members of the community with special needs.

Working with You

For Better Outcomes

Care for Aboriginal and Torres Strait Islander people

New Directions Program

- This health program for Indigenous women and children is based on holistic maternal and child care
- It aims to improve health outcomes for Aboriginal children from birth to age eight by providing good information and follow up on parenting, breastfeeding, immunisation, eye and hearing tests
- The program will be delivered by Banyule Community Health, the Children's Protection Society and Mercy Hospital for Women, and includes referral pathways

- The three participating health and social welfare organisations are working together to support the federal government's plans to close the gap in health expectancy between Indigenous and non-Indigenous Australians

Indigenous Services

- Werribee Mercy Hospital attended the opening of the Wyndham outpost of the Western Suburbs Gathering Place

- Working with this agency will enable Mercy Health to develop partnerships and relationships with Aboriginal specific services in Wyndham

Aboriginal Hospital Liaison Officer

- The Aboriginal Hospital Liaison Officer is an integral member of the Transitions Clinic team and attends weekly service planning meetings
- The Aboriginal Hospital Liaison Officer also attends planning meetings for Special Care Nursery, obstetrics and gynaecology when Aboriginal and Torres Strait Islander patients' needs are discussed
- The Aboriginal Hospital Liaison Officer routinely consults with her counterpart at rural hospitals, especially at times of patient transfer

- Aboriginal people are directly consulted and are better represented in community health care
- Individual support is given to Aboriginal men whose partners are attending Mercy Hospital for Women for obstetric care or whose babies are in Special Care Nursery

Shared Care Agreement

- Transitions Clinic caters for women with special needs in pregnancy, and specifically caters for Aboriginal women. The formalised Shared Care agreement between Transitions Clinic and Victorian Aboriginal Health Service (VAHS) enables clients to receive a more supportive and culturally sensitive health service.

"The Transitions Clinic is making a difference... The innovation of the 'I'm an Aboriginal Dad' program is a first in Australia and...is to be commended." Australian Council on Healthcare Standards Surveyor, 2009

Aboriginal Consultative Committee

- The Aboriginal Consultative Committee is an important initiative that strengthens relationships with the Aboriginal community

Partnerships Program, including "I'm an Aboriginal Dad"

- In consultation with the Victorian Aboriginal Child Care Agency and in partnership with the Children's Protection Society, Mercy Hospital for Women continues to run the successful "I'm an Aboriginal Dad" support program

ICAP Forums

- Forums are run in collaboration with Victorian Aboriginal Community Controlled Health Organisations
- These forums are regularly attended by the Aboriginal Hospital Liaison Officer

Training carers for better service delivery

Twilight Education Seminars for Staff

- Two seminars were held in 2009, which were attended by 240 staff from Mercy Hospital for Women and external healthcare facilities. Over 95 per cent of clinicians rated the seminars as excellent. Topics included the introduction of the Mercy Health Breastmilk Bank, early pregnancy assessment, midwifery scope of practice, nutrition in pregnancy as well as a range of midwifery and obstetrics issues. The seminars will continue in 2010.
- The ongoing learning and development of our healthcare professionals enables them to have the appropriate skills and competence to care for our patients

Gynaecology Multidisciplinary Workshop

- In October 2008 Mercy Hospital for Women hosted a one day workshop for urogynaecological clinicians on pelvic floor disorders. The workshop consisted of lectures, live surgery presentations and networking sessions. Clinicians were awarded points toward their professional development and feedback from the 180 delegates was very positive.

Access to Care

- Access to care for families with complex parenting needs was the focus of a review, which resulted in changes to the initial triage process. Families who contact Mercy Health O'Connell Family Centre are now sent information, including a questionnaire, within two working days of first contact. The information in the returned questionnaire assists the triage nurse with the initial telephone assessment of the family's needs as well as the development of an appropriate care pathway. There has been a service response improvement from an average of four weeks to one week for telephone assessment.

Transcultural Psychiatry Training

- Mercy Mental Health has worked with the Victorian Transcultural Psychiatry Unit to make cultural competency training available to our staff

Consulting with the community

Community Advisory Committee

- Members of the local community are part of the Werribee Mercy Community Advisory Committee, which acts as a bridge between the community and Werribee Mercy Hospital's Management Committee
- The committee monitors feedback and advises on trends, issues and concerns relating to consumers and service provision
- In 2009 Werribee Mercy Hospital appointed two new members to the committee
- This direct relationship with the community gives Mercy Health a greater understanding of people's needs and opinions
- People from all religions, or no religion, are welcome on the committee

Working with You	For Better Outcomes
GP Liaison Program <ul style="list-style-type: none"> • This program at Mercy Hospital for Women assists with the engagement of GPs in the community and represents the GP perspective internally as members of relevant committees and groups 	<ul style="list-style-type: none"> • Working closely with GPs benefits clients and doctors in the health care process
Featherweight Club <ul style="list-style-type: none"> • The Featherweight Club is a voluntary organisation established to support the families and babies of the special care nurseries at Mercy Hospital for Women 	<ul style="list-style-type: none"> • This group raises awareness of the needs of premature babies and their families within the hospital and the broader community
Breast Milk/Hand Expressing Survey <ul style="list-style-type: none"> • This two part survey was conducted at Werribee Mercy Hospital to determine if breastfeeding mothers are able to hand express by end of Day 2 after they are discharged from hospital 	<ul style="list-style-type: none"> • Clinical pathways on the Childbirth Unit have been updated as a result of the Breast Milk/Hand Expressing survey • Staff in the Childbirth Unit have been re-educated on breast milk and hand expressing
Neonatal Intensive Care Unit/Special Care Nursery Parent Information Booklet <ul style="list-style-type: none"> • An updated version of the booklet is provided to parents through Mercy Hospital for Women 	<ul style="list-style-type: none"> • This publication is informative and reassuring at a time that can be complicated and sensitive for parents
Consumer Information Sessions on Available Community Services <ul style="list-style-type: none"> • This seminar was held at Mercy Hospital for Women in December 2008 for women with gynaecological cancer regarding supportive care • In 2008-09 Mercy Mental Health held a Consumer Forum to provide information and receive feedback about services provided 	<ul style="list-style-type: none"> • Seminars and forums are an important way for Mercy Health to inform and support the community
Maternity Services Redevelopment Forum <ul style="list-style-type: none"> • A community forum was held at Werribee Mercy Hospital to discuss changes to maternity services and the expansion of the Special Care Nursery which is part of the \$14 million redevelopment of the hospital 	<ul style="list-style-type: none"> • Networking and information sharing improves communication between hospitals, mental health services and the community
Carer Forums <ul style="list-style-type: none"> • Mercy Mental Health meets bimonthly with its local carer group and conducts forums for people who care for someone with a mental illness • Separate training sessions in Mental Health First Aid assist carers when a family member becomes mentally unwell 	
Mental Health First Aid Training <ul style="list-style-type: none"> • Our clinicians have provided Mental Health First Aid training to more than 200 people, including 100 health, council, Vietnamese and African welfare workers in the western metropolitan region as well as 25 Vietnamese carers • Mercy Mental Health continues to work to improve access to culturally and linguistically diverse communities and to decrease stigma about mental illness 	



Patient Satisfaction Results

Public hospitals participate in the Victorian Patient Satisfaction Monitor – a statewide survey that allows hospitals to track their performance against similar hospitals. The report measures hospitals' levels of consumer participation.

Survey results for September 2008 to February 2009 indicate that Mercy Hospital for Women scored 79 with the peer group average score of 77.

Werribee Mercy Hospital scored 80 with the peer group for like hospitals' average score of 79.

Period	Hospital Result	Category Average Result
Mercy Hospital for Women September 2008 to February 2009	79	77
Werribee Mercy Hospital September 2008 to February 2009	80	79

"The clinical care and services provided by Mercy Hospital for Women were demonstrated to be clearly focused on meeting patient/consumer needs and there was abundant feedback to show a high degree of success in meeting the goals espoused in the organisation's values."

Australian Council on Healthcare Standards Surveyor, 2009

Supporting Diversity

Mercy Health is committed to equal opportunity in employment and providing a flexible workplace that assists our people to balance their work and life. Mercy Health has implemented a range of policies and programs that promote respect and value diversity, including the API Childcare Referral Service, Breastfeeding Accreditation, Employee Assistance Program, Parents' Network, Dads Matter Program and the Mercy Bank Program.

Mercy Health was the recipient of the 2009 Diversity@Work "Diversity and Inclusion Champion – Large Organisation" award as well as the HR Leadership "AON Consulting Award for Best Workplace Diversity Strategy".

Our Cultural Diversity Committee is now firmly established within the organisation with clear policy, procedures and terms of reference. One of the first tasks for the committee was conducting an audit of our facilities using the six key aspects outlined by the Victorian Department of Health: Understanding clients and their needs; partnerships with multicultural and ethno-specific agencies; a culturally diverse workforce; using language services to best effect; encouraging participation in decision making; promoting the benefits of a multicultural Victoria.

Mercy Health has set up locally based cultural diversity working groups to better understand community needs and has organised various community events and awareness weeks to promote cultural diversity. Harmony Day and Refugee Week are strongly celebrated and include members of the community and our workforce, which is made up of people from over 50 countries.

Pastoral Care

Mercy Health is mindful of the diverse faiths of our patients and families. The Pastoral Care Team is engaged in staff education in regard to providing spiritual and religious care that is culturally sensitive, particularly in times of loss and grief. More work is being done to understand appropriate religious care for people of the Muslim faith.

The team works with mental health clients in the psychiatric units to meet their spiritual needs in a culturally sensitive way.



Interpreter Services

Over the past year Mercy Hospital for Women provided approximately 8,950 occasions of interpreting services to patients with low English proficiency. These services are provided free of charge to the community.

The main languages where interpreter services have been used are:

- Mandarin and Cantonese (30 per cent)
- Vietnamese (18 per cent)
- Arabic (20 per cent)

A further 32 per cent of services cover approximately 50 other languages.

To assist patients and staff identify interpreter services requirements, all new patients are given the Victorian Interpreter Card. Over the past year Mercy Hospital for Women provided 258 Interpreter Cards for easier identification of language/s spoken by the patient.

Mercy Mental Health provided 345 occasions of interpreting services. These cover 10 different Asian languages, 16 European languages, 8 Middle Eastern and African languages, Hindi and Auslan. The main languages used were Vietnamese (172 hours), Serbian (31 hours) and Karen (22 hours). Mercy Mental Health also has two bilingual case managers available to patients.

At Werribee Mercy Hospital multilingual cue cards have been well received by staff and patients. Interpreting staff at the hospital also review definitions in medical dictionaries, language specific newspapers and the internet to keep up to date with changes in languages and terminology.

Lactation Service

This service provides assistance for mothers requiring breastfeeding advice.

Supporting breastfeeding mothers

“Sophie” was expecting her second baby. When she attended her pregnancy booking appointment she mentioned to the midwife that she had experienced some difficulties breastfeeding her first baby and had stopped breastfeeding earlier than she had wanted to because of this. The midwife arranged an appointment with the lactation consultants where Sophie was able to discuss her concerns and have a plan for breastfeeding her new baby.

Following the birth, Sophie was having some difficulty with breastfeeding at home. The domiciliary midwives provided advice and assistance and organised further follow up with the lactation consultants. Sophie was able to continue contact with the hospital either for telephone consultations or appointments with the lactation consultants. The lactation consultants also liaise with the Maternal and Child Health Nurse to achieve consistency with the information and care provided. Sophie and her baby went on to happily breastfeed.

Education Outreach

The Family and Reproductive Rights Education Program (FARREP)/African Liaison Worker runs education sessions on female genital mutilation at Mercy Hospital for Women for graduate midwives and student midwives.

Education seminars are also presented to assist nurses and midwives understand the issues that surround providing quality care and reproductive health services for women who have experienced female circumcision.

Mercy Hospital for Women continues to receive referrals from GPs in regard to obstetric care for women with complex medical conditions. Some of the very complex cases are for newly arrived refugee women from war torn countries such as Sudan, Liberia and Democratic Republic of Congo. The hospital offers a holistic approach to the care that involves social workers, an African liaison, dietician and diabetic educator.



Working with Professional Partners

Throughout 2008-09 a number of relationships have been fostered with culturally specific agencies in Wyndham. Agency visits have been completed to the ISIS Refugee Health Clinic, Foundation House, New Hope Foundation and AMES so that Werribee Mercy Hospital staff can refer for appropriate supports for individual Culturally and Linguistically Diverse (CALD) community members and refugees. It also provides opportunities for education and professional development for staff at Werribee Mercy Hospital.

The hospital hosted the Wyndham Karen Advisory Group, which is a group of local Burmese elders providing advice to Foundation House and their local community members. In June 2009 the Karen Advisory Group attended Werribee Mercy Hospital with an interpreter to learn more about postnatal depression as this topic had been identified as an issue in the local Burmese community. The group met with key health professionals from social work, neonatal and maternity services, psychiatry and mother baby services. This meeting demonstrated the benefit of good relationships with culturally specific agencies and refugee communities.

Werribee Mercy Hospital was well represented at the Wyndham Refugee Service Coordination Forum in August 2009, which has further enhanced efforts to respond to refugees presenting to the hospital.

Mercy Mental Health works in partnership with Western Region Health Centre, MidWest Area Mental Health Service and Norwood Association to provide subacute care in the community. It works with clinical mental health psychiatric disability rehabilitation support services and alcohol and other drug services to ensure continuity and collaborative care for mental health clients in the community.

Mercy Mental Health has strong relationships with local GPs in the provision of shared care for mental health clients and provides support to maternal and child health services in the care of women who experience psychiatric conditions after childbirth.

Liaising with Community Organisations

Working with key community organisations enables the flow of information from the hospital to community and vice versa. These relationships also enable the hospital to have a better understanding of issues and concerns the community may have about their health.

Some of the key organisations Mercy Health continues to work with include:

- The Centre for Ethnicity and Health
- The Victorian Ethnic Communities Council
- Spectrum Migrant Resource Centre
- Foundation House
- Women's Health in the North
- Whittlesea Community Connections
- Northern Metropolitan Institute of Technology
- Office of Child Safety Commissioner
- Carerlinks Respite Connections
- Mental Illness Fellowship Vic
- Mind
- Western Region Health Centre
- Western and Westgate Divisions of General Practice

Quality and Safety



All Mercy Public Hospitals Inc services are fully accredited by the Australian Council on Healthcare Standards (ACHS). Key safety criteria are regularly monitored and reported. Mercy Public Hospitals Inc develops an annual quality plan so that key projects are addressed.

“There is a demonstrated commitment from management and all staff to strive for excellence in the delivery of patient care and meet best practice standards.”
Australian Council on Healthcare Standards Surveyor, 2009

Clinical Governance

Mercy Health is aligning the current governance structure with the Department of Health’s “Victorian Clinical Governance Policy Framework”.

Werribee Mercy Hospital, Mercy Mental Health and Mercy Hospital for Women report to the Board of Mercy Public Hospitals Inc through the Quality Sub-Committee on all major quality and safety initiatives. This includes a range of processes and committees which have been specifically developed to monitor our clinical activity and quality initiatives in a coordinated manner. Attention is focused on improving areas of high risk and strengthening methods and processes to increase patient safety.

Risk Management

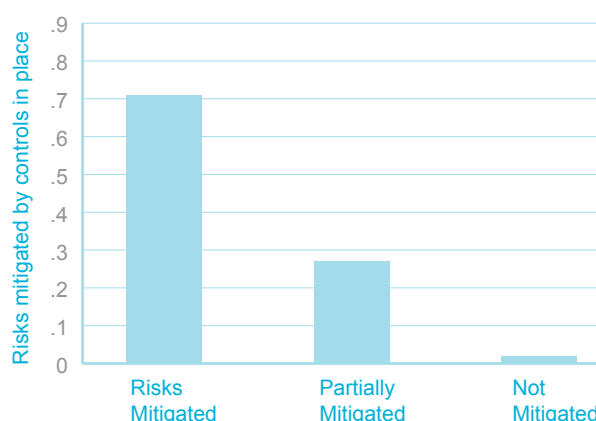
Due to the complexity of healthcare and technology today, there are a number of inherent risks involved in providing care for people. Part of ensuring high quality care for our communities is running stringent risk management processes and making sure staff are appropriately trained and skilled.

Mercy Public Hospitals Inc has structured risk management programs that use a number of systems to monitor risks to clients and staff. There is a strict incident reporting process that allows staff to assess risks and take action where necessary. These incidents can be clinical (such as medication or treatment related) or they may be non-clinical (such as loss of property). Incidents are rated according to likelihood and consequence. High risks are those that impact on patient or staff safety. If an incident is rated “high” or “extreme”, immediate action is taken. All incident reports are reviewed by a senior manager within 48 hours. Incidents with high risk ratings are reported to the Serious Incident Review monthly meeting where further actions and investigations are decided.

Mercy Public Hospitals Inc also has risk registers, which list the hospitals’ risks and the controls and treatments that are in place to lessen those risks. These registers are reviewed and updated regularly.

Our risk registers are audited by an external company. In 2009, 71 per cent of the risks audited were found to be fully mitigated by the controls in place; 27 per cent were partially mitigated, and only 2 per cent or one risk was not mitigated. These risks have treatments being implemented to further reduce the risk.

Risk Mitigation



Credentialling and Certification of Medical Staff

Patients can be confident they are cared for by qualified medical staff.

All medical staff at Mercy Health’s public health facilities undergo a credentialling and certification process. A team of external auditors review the register of health professionals maintained at individual sites to determine whether it has complied with the requirements outlined in the Health Professionals Legal Compliance Checklist.

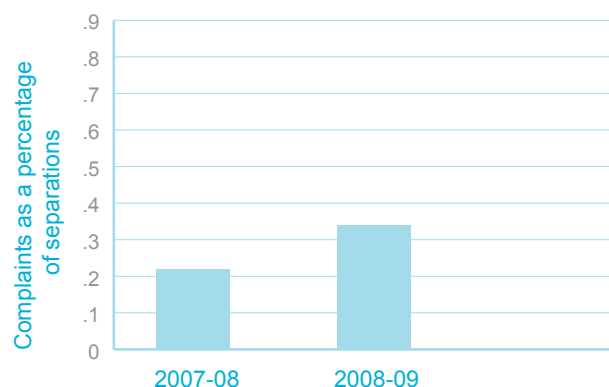


Shared maternity care

One of the key aims of GP liaison at Mercy Hospital for Women is to support the shared maternity care model. This model allows women with uncomplicated pregnancies to have their antenatal care shared between an accredited GP, an accredited community health centre midwife and the hospital.

GP liaison supports the shared maternity care model through the credentialling of GPs as shared maternity care affiliates. There are approximately 670 shared maternity care affiliates accredited across Mercy Hospital for Women, The Royal Women's Hospital, Sunshine Hospital and Northern Hospital.

In 2007-08 the number of complaints as a percentage of separations was 0.22 per cent. In the 2008-09 year the complaints, as a percentage of separations, was slightly higher at 0.34 per cent.



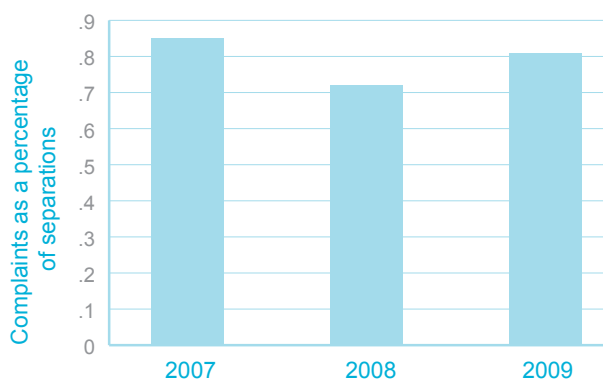
Complaints Management

At Mercy Hospital for Women, patient and consumer feedback is coordinated by the Patient Liaison and Complaints Officer. Feedback is managed in conjunction with department managers who aim to investigate and provide feedback to the complainant within 30 days.

Complaint data is entered onto the Health Services Commissioner database and trends are identified.

In 2007 the rate of complaints as a percentage of separations was 0.85 per cent. This dropped to 0.72 per cent in 2008 and is currently sitting at 0.81 per cent for 2009.

Categories of complaint are trended and monitored. Two of the main categories of complaint in 2007, "access and communication", decreased significantly in 2008.



Complaints at Werribee Mercy Hospital and Mercy Mental Health are recorded and responded to appropriately by the most relevant manager. Complaints are classified according to the health services commissioner classifications. The hospital aims to investigate and address all complaints within 30 days.

Infection Control and Cleaning

Werribee Mercy Hospital, Mercy Mental Health and Mercy Hospital for Women have an Infection Control Program, which includes vigilant hand hygiene compliance and cleaning standard audits. Regular audits of hand hygiene show consistent high standards of compliance by all staff. Hand hygiene products are available in all areas for use by staff, patients and visitors.

In June 2009 the hand hygiene results reported to the Victorian Nosocomial Infection Surveillance System (VICNISS) in the Department of Health for Werribee Mercy Hospital was 81 per cent. The result reported for Mercy Hospital for Women in August 2009 was 70 per cent. The minimum acceptable level is 55 per cent.

Staff have measures in place to prevent the appearance and spread of multi-resistant organisms (MROs) such as methicillin resistant staphylococcus aureus (MRSA). These bacteria are increasing in hospitals and communities but, with appropriate antibiotic use and scrupulous infection control practices, there are very few incidences involving MROs at our hospitals.

Cleaning audits from April 2008 to April 2009 showed that Mercy Hospital for Women, Werribee Mercy Hospital and Mercy Mental Health were well above the acceptable quality level. Cleaning audits are conducted by an independent external contractor who commented on the excellent results achieved each year – with a 98 per cent rating for the current year.

The full report is available at <http://www.health.vic.gov.au/ideas/infcon/cleaning.htm>.



Combating Flu

Influenza continues to affect many people throughout the winter months. To prevent the spread of flu, Mercy Hospital for Women offers all staff and volunteers the annual flu vaccine free of charge. The mobile flu vaccine clinic has become an anticipated annual event.

The outbreak of the Pandemic H1N1 (swine) flu tested the resources of the hospital. The Emergency Department at Werribee Mercy Hospital saw an increase of 40 per cent of attendances above usual numbers. While over 100 cases were identified, less than 1 per cent required admission into an isolation room and all have fully recovered. Good planning ensured that supplies and resources were available to protect staff and the community

Medication Errors

Mercy Hospital for Women has a low rate of medication errors, and all errors are reviewed and monitored for trends.

Werribee Mercy Hospital and Mercy Mental Health monitor the number and severity of medication errors through the Quality and Risk Management Committees. Early in 2009 there was a rise in the number of medication errors reported. In response to this an extra education session was given to the graduate nursing staff and an observational audit of practices on the wards was conducted with feedback provided to all nursing and medical staff. The number of errors has reduced.

Falls Monitoring and Prevention

Mercy Hospital for Women has very few patient falls. In 2008-09 there were seven falls, which equates to 0.01 per cent as a percentage of bed days. Patients who are at risk of falling in hospital are assessed on admission. Compliance with documentation of falls risk has improved from 60 per cent in October 2008 to 86 per cent in May 2009.

Being a general hospital, this is a bigger issue for Werribee Mercy Hospital, which has a Falls Prevention Committee that monitors the number of falls and puts measures in place to try and prevent these falls. Patients are assessed on admission and those recognised as a potential falls risk are referred to a physiotherapist. The physiotherapist can then provide some supports and assistance to the patient and staff to prevent falls. The hospital reports the number of falls per 1,000 bed days as a clinical indicator to the Australian Council on Healthcare Standards. In the period July to December 2008 the falls rate was 0.31 per cent, which was lower than the rate for similar or peer group hospitals across Australia of 0.41 per cent.

Pressure Wound Monitoring and Prevention

Clinical indicator data at Mercy Hospital for Women relating to pressure ulcers has been submitted quarterly to the Department of Health from January 2008. Data from the 2008-09 December quarter indicates that the incidence of pressure ulcers at Mercy Hospital for Women is below state and peer groups.

Compliance with documentation of risk assessment is also submitted quarterly to the Department of Health. Compliance with risk assessment documentation has improved from 45 per cent in the June quarter 2008 to 89 per cent in the March quarter 2009.

Special Care Nurseries have commenced a trial of "VapoTherm" which is an alternative method of providing respiratory support to very sick babies. The conventional method can cause trauma to the nasal septum. This method will reduce the nasal trauma to the baby's nose and reduce pain; it will also allow more meaningful engagement with the mothers and fathers.

Clinical indicator data relating to pressure ulcers has been submitted quarterly to the Department of Health from January 2008. Data from the 2008-09 December quarter indicates that Werribee Mercy Hospital's rate of pressure ulcers at 0.7 per 1,000 bed days is below state average of 0.94 per 1,000 bed days and 0.89 per 1,000 bed days in the peer groups.

Mental Health Quality and Research

Mercy Mental Health has participated in research to identify risk factors for myocarditis with clozapine. It is involved in research to consider the benefits of collaborative therapy, acceptance and commitment therapies and the prevention of deliberate self harm in an Emergency Department. It has also undertaken quality assurance audits to review its model of care in case management. The adult psychiatric unit has implemented early intervention practices to minimise acute arousal of patients and to reduce the need for restraint and seclusion.

Continuity of Care

Healthcare, A Shared Responsibility

Patients and consumers are an important part of the quality cycle in health care. By providing feedback, patients and consumers help to shape the services and information they receive.

Mercy Health facilities have a number of publications that assist patients and consumers in actively participating in their care and providing feedback.

These include:

- “Your Rights and Responsibilities” brochure
- “Patient and Hospital Responsibilities” brochure
- “Your Privacy” brochure
- “Your Say” feedback form
- “Gateways” Mental Health Consumer and Carer Information Booklet

The Department of Health’s “Doing it with us not for us” policy also provides Mercy Health with priority actions, participation standards and key performance indicators. This policy aims to maximise opportunities to engage and work with patients and consumers.

“Continuity of care” is the coordination of care that a patient receives over time and across multiple health care providers. Mercy Health works closely with other health providers where possible so that patients can receive the best care possible for them. Within a maternity context, women who receive care from a small team often feel greater satisfaction with the care provided. This may be related to the continuity of care and the opportunity to develop a relationship with their care providers.

Mercy Mental Health has an alliance with psychiatric disability rehabilitation support services and alcohol and other drug services to develop collaborative approaches to care. In 2008-09 the alliance has developed joint protocols and conducted joint staff orientation programs. With these partners, it has successfully returned clients in long term care to the community and has opened a subacute prevention and recovery care service in the western metropolitan region to facilitate early discharge and prevent admission.

Physiotherapy

A partnership has been developed between Mercy Hospital for Women and community health centre physiotherapists in Darebin and Banyule City Councils to continue the care of women during and after their pregnancy. This partnership was developed in response to the increasing number of women requesting physiotherapy services at Mercy Hospital for Women and improved access for pregnant women relying on public transport.

At the time of referral, women with musculoskeletal problems relating to pregnancy are offered the choice of accessing their local community health centre for physiotherapy services. Women in the postnatal period with ongoing musculoskeletal problems are also offered the services of their local community health centre.

Local community health centre physiotherapists are offered education, guidance and observation of the specialist physiotherapists at Mercy Hospital for Women to maintain high quality of care.

Networks with local paediatric services and the Royal Children’s Hospital further improve the ongoing care of babies with neurodevelopmental delay or musculoskeletal problems.

Pregnant women and their support person can attend an active birth skills class to complement their parent education program. This class is offered in the evenings to cater for participants who work.

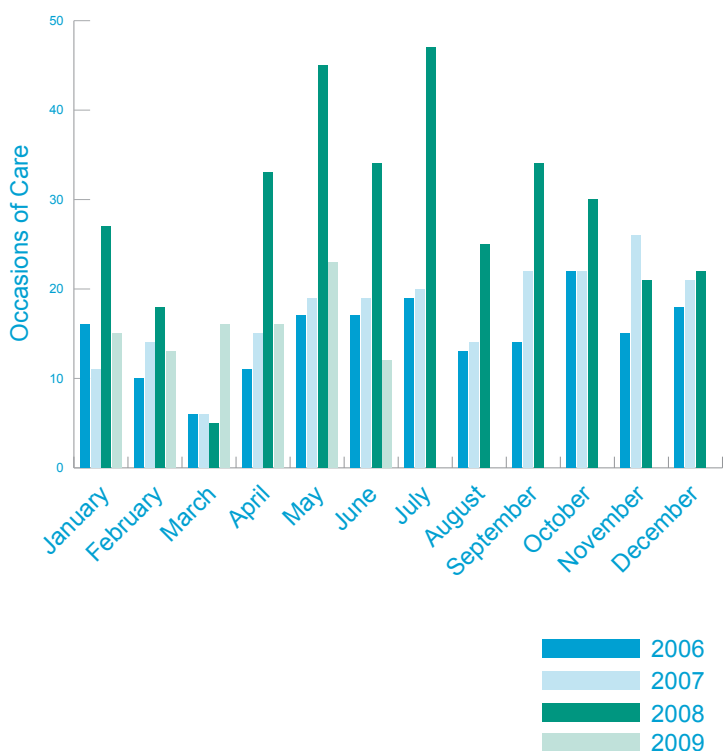


Chemotherapy

The number of chemotherapy patients at Werribee Mercy Hospital has grown significantly over the past three years.

Staff working in Medical Day Stay have all attended chemotherapy module training at Peter MacCallum Cancer Centre. Several staff attend quarterly meetings at Peter MacCallum Cancer Centre with nurses from other hospitals running chemotherapy services, which provides a great opportunity for networking and liaison. Peter MacCallum Cancer Centre and St Vincent's Hospital provide guidance in protocol and chemotherapy management to staff at Werribee Mercy Hospital.

Chemotherapy Statistics 2006-09



Day Chemotherapy

In our commitment to care first, day chemotherapy strives to make the patient experience as convenient as possible.

Finding the best options

A terminally ill patient who lived a long distance from the city was receiving palliative chemotherapy every three weeks out of five. On her non-treatment weeks she preferred to go home. As this involved air travel, the hospital was able to check her blood tests at her local lab. Communication between the patient's GP and the oncology unit enabled her ongoing care when she was at home. This liaison also helped the oncology unit to prepare for her specific needs on her treatment days. Through teamwork, the patient was able to spend valuable time with family and friends without compromising her treatment options.

Special Care Nurseries

The development of the Mercy Health Breastmilk Bank, which will be Victoria's first donor breastmilk bank, is a major advancement in care for sick and premature babies. This service will dovetail with Mercy Health's existing support for mothers who choose to breastfeed. When a mother's own breastmilk is not available, pasteurised donor breastmilk can assist and improve outcomes for this vulnerable group.

Donor milk will help sick and premature babies

"I had both my babies at Mercy Hospital for Women and my second baby spent a few weeks in the Special Care Nursery. My baby was born at 33 weeks and was 1.6 kilograms. Tiny but perfect. She only needed oxygen for a few hours and then she was breathing by herself and was transferred to an open cot in just under a week. I saw many babies a lot worse off than mine and I feel very lucky. I also felt so bad for the mothers who were too ill or could not express for their babies. It broke my heart and I remember thinking that my excess milk was going to waste when it could go to other babies instead of them having formula. I'm pregnant again and at a very high risk of having another baby prematurely. I am hoping that I'll have a good milk supply and will be able to donate to this fantastic cause."



Lymphoedema Clinic

Mercy Health Lymphoedema Clinic is a dedicated outpatient service providing over 6,000 consultations every year at no cost to clients. The clinic offers care to those with cancer and non-cancer related lymphoedema.

Over the past few years an increasing number of clients have presented with multiple chronic illnesses and complex care needs. These clients require a multidisciplinary team approach and need to liaise with a number of community services. To resolve resourcing issues, strong partnerships have been formed with community agencies to achieve favourable outcomes for clients.

Working together

“Robert”, in his late twenties, presented to the clinic with severe lymphoedema in his lower legs. His complex medical history, which included morbid obesity, added to the difficulty of his situation.

There was a great need to network with other service providers, including the Royal District Nursing Service, Alfred Hospital and community health services.

A proposal for collaborative management of his lymphoedema was developed with the Royal District Nursing Service. The agreed treatment was undertaken over three months, which included weekly sessions at the clinic with regular Royal District Nursing Service attendance to support the intervention.

The health outcomes for this patient include reduced infections and improved skin condition, mood and responsibility for self care. He is now also more socially active.

Gynaecology

Ward 6 at Mercy Hospital for Women cares for a variety of patients. One of the best examples of how the ward responds to the needs of patients is the way in which gynaecological oncology patients are cared for in their last days.

With dignity and respect

“Jane”, a gynaecological oncology patient, was recently told that she only had two weeks to live. Jane wanted to die at home so the hospital used its social work department, pastoral care department and local palliative care organisations and arranged medical equipment and oxygen hire so that Jane’s care contingencies were anticipated and met.

A few days after Jane was settled in at home a nurse visited her to make sure that she was comfortable and that the family was coping with the situation.

“Going Home” Information

A postnatal discharge information package has been created to address the limited amount of written information available to clients on discharge from the postnatal ward. It was given to a random selection of women to review for ease of understanding and usefulness. Positive feedback was received. The postnatal discharge information package is in draft form and is currently being edited and formatted through the Clinical Pathways Committee.



Palliative Care

Patients requiring palliative care can be cared for through the Gabriel Jennings Centre and Mercy Palliative Care.

These services work closely together. Mercy Palliative Care is aware of the patients who are admitted to Gabriel Jennings Centre so that people can be provided for at the centre, without having to attend the Emergency Department, and at home.

Individual management plans

“Amy”, a woman in her early fifties, was admitted to ward C3 with increasingly complex care needs. After admission Amy worked with the management team to develop a management plan.

The plan included:

- A community care package to allow care at home to support her family
- Support and education for her family
- Ensuring specialised equipment was in place at home to meet her needs, including pressure area relief devices, oral suctioning equipment, parental feeding supports, communication access devices, hygiene equipment and house modifications for accessibility
- Daily communication of discharge plans and management plans
- Amy is supported by the HARP complex care team
- She is now coping well at home able and is able to be cared for by her family

Glossary

ACHS	Australian Council on Healthcare Standards
AHLO	Aboriginal Hospital Liaison Officer
AMES	Adult Multicultural Education Services
AWFSU	Aboriginal Women & Family Support Unit
CALD	Culturally and Linguistically Diverse
DHS	Department of Human Services, now “Department of Health”
FARREP	Family and Reproductive Rights Education Program
HARP	Hospital Admission Risk Program
ICAP	Improving Care for Aboriginal & Torres Strait Island Patients
ISIS	ISIS Primary Care works in partnership with local communities in the western metropolitan region of Melbourne to provide interconnected health and community services
VACCHO	Victorian Aboriginal Community Controlled Health Organisations
VAHS	Victorian Aboriginal Health Service

Feedback and Distribution

Copies of the *Quality of Care Report* are available from the public waiting rooms in all of our health facilities.

Copies are also sent to community groups involved in our services as well as relevant government

departments and local municipalities.

In addition to this report you can find out about Mercy Health services and delivery of care

in the *Mercy Public Hospitals Inc 2009 Annual Report* and the *2008 Mercy Public Hospitals Inc Research Report* which are available at mercy.com.au.

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