



Mercy Health
Care first

Mercy Health Year in Review 2012-13

Every person matters,
every story counts



Mission, vision and values

Our mission is to follow Jesus Christ in His mission of mercy through the delivery of health, aged care and community services.

Our vision is to build an enduring capacity and passion to serve those with special needs.

Our values of compassion, hospitality, respect, innovation, stewardship and teamwork guide us in all that we do.

| | |
|----|--|
| 03 | Welcome |
| 04 | The Mercy Health story |
| 05 | Residential aged care |
| 09 | Home care services |
| 12 | Health services |
| 32 | Our people |
| 37 | Mercy Health Foundation |
| 39 | Key initiatives |
| 43 | Where we are located |
| 45 | Report of operations: Mercy Public Hospitals Inc |

Welcome

At Mercy Health we believe in the dignity of each person, from the beginning to the end of life.

Every day we dedicate ourselves to caring for people in hospitals, in the community and in residential aged care. Every day we aspire to meet people's physical, social and spiritual needs wherever they are cared for.

Today, there is much to celebrate as we look at the many ways we serve those in need.

On behalf of Mercy Health we are pleased to present the *2012-13 Mercy Health Year in Review*.

The *Year in Review* is a time to acknowledge the achievements of our people and reflect on our mission to follow Jesus Christ in His mission of mercy through the delivery of health, aged care and community services.

As a Catholic organisation Mercy Health is grounded in a 2,000 year tradition of caring for people in need. We believe in the innate dignity of each person and the right of each individual to be cared for physically, emotionally and spiritually.

With this belief as our cornerstone, we can truly put people at the centre of care. It drives us to work ethically and collaboratively to advance care for people at every stage of life.

We partner with other service providers, universities and research organisations so we can continually enhance the delivery of care in the public and not-for-profit arena. We advocate for equitable access to services, we support individuals in the community and we care for people in need or at risk. We also use every opportunity to learn from each other so we can serve people better. By sharing our knowledge, experience and stories we are all enriched and strengthened in our work.

Regardless of faith or culture we encourage our people to relate not only to those we serve but to each other in a way that reflects our values.



Through these values we aim to bring compassion to every person entrusting us with their care, honouring the dignity of each and every individual we encounter.

We thank all Mercy Health people for their efforts to deliver on our mission and their commitment to making Mercy Health the truly wonderful place it is.

We also thank the Sisters of Mercy of Australia and Papua New Guinea for their leadership. They assist in the development of Mercy Health and provide opportunities for all of their ministries to understand the Mercy ethos.

As we build our future, our focus will always be on people and how we can best serve those in need.

Mr Julien O'Connell AM
Chairman, Mercy Health

Adj Prof
Stephen Cornelissen
Chief Executive Officer,
Mercy Health

Catherine McAuley had a dream:

We have the privilege of knowing it

We have the responsibility to understand it

We have the duty to protect it

We have the honour of living it

Let us live it well

*Sr Maria McGuinness rsm,
Provincial Ministry, Ireland/Britain*

The Mercy Health story

1831 The beginning Catherine McAuley founds the Sisters of Mercy in Dublin to teach skills to girls and women, help them with work opportunities, assist the homeless and care for the sick. *1846*

Arriving in Australia Sisters of Mercy arrive in Perth, Western Australia. *1870 Education* The

Sisters build the first wing of the present Academy of Mary Immaculate in Fitzroy and become the first teaching nuns in Victoria. *1920 Health services* St Benedict's

Hospital in Malvern is opened by the Sisters in response to the flu pandemic in 1919. *1934* The Sisters open

Mercy Private Hospital for private and maternity patients. *1971* Mercy Maternity Hospital is opened

and maternity patients from Mercy Private Hospital are transferred to the new hospital. *1982* The Sisters

establish Mercy Hospice in Sunshine. *1991* Mercy Maternity Hospital increases its services to women and

is renamed Mercy Hospital for Women. *1994* Werribee Mercy Hospital, a new public community hospital, is

opened to provide care for the growing population in the south west region of Melbourne. *1996* The Sisters

of Mercy form a new ministry "Mercy Health & Aged Care Inc" to serve the community's changing health and aged care needs. *1997* Werribee Mercy Hospital

adds mental health to its services. *1997-2005*

Aged care services The Sisters of Mercy and the Board

of Mercy Health & Aged Care Inc see the growing need for aged care services, particularly residential aged care.

During this time five aged care residences join Mercy

Health & Aged Care Inc. *2005* Mercy Hospital for Women

relocates to Heidelberg. *2006 Community services*

Mercy Home & Community Care is established to assist older people, disabled people, their family and carers.

2008 Mercy Health & Aged Care Inc becomes "Mercy

Health" to show the full range of health, community and aged care services provided across Victoria, southern

New South Wales and the Australian Capital Territory.

2008 Health worker training Mercy Health Training

Institute is established to train healthcare workers.

2009 Philanthropy Mercy Health Foundation is

created to seek philanthropic support to advance teaching, training and foster the constant improvement

of care. *2011* Mercy Hospital for Women celebrates its

40 year anniversary. *2013 Now and into the future*

Today Mercy Health provides hospital care, specialist women's and babies' services, mental health

programs, early parenting education and support,

palliative care, residential aged care, home and

community care, and health worker training and

development. Mercy Health will continue to respond

to people's needs and improve health outcomes

for those who are vulnerable and disadvantaged.



Residential aged care

Mercy Health provides residential aged care in metropolitan Melbourne, regional Victoria and southern New South Wales.

We have updated most of our aged care facilities to state-of-the-art homes for residents, families, carers and staff to enjoy.

Our activities schedules, care plans and programs are continually enhanced based on feedback from residents and staff.

We are committed to innovation and have a dedicated Professorial Chair in Aged Care who specialises in dementia research.

The Chair will provide support for the new Regional Aged Care Training Unit in Warrnambool, Victoria which has been funded by local trusts. The project aims to identify training needs and ultimately improve the quality of services provided to older people.

Each day we aim to give our residents the best day possible.

Our philosophy of compassionate care is brought to life in each of our aged care homes as we:

- Value each person and their life story knowing this is what makes them who they are today
- Welcome people into a home like environment where they feel safe, comfortable and valued
- Partner with residents and families to nurture individual health, emotional, social and spiritual wellbeing
- Encourage independence and support people to live their lives to their fullest potential

Each day we aim to provide residents with the opportunity to have the best day possible. Our aged care teams work on ways to improve residents' lifestyle and experiences, whatever their care needs.

This includes the quality of the home, the community spirit within the home and the care each person receives.

Mercy Place Warrnambool

In August 2012 work began on the second stage expansion of Mercy Place Warrnambool. This \$9.7 million project will increase accommodation from 65 beds to 120 beds. It includes a community hub with a café and

communal areas with a covered alfresco dining area and barbeque facilities.

"The new building will give people extra space for living and sharing time together where the emphasis is on hospitality," said Mr Ray Kelleher, Executive Director Property & Infrastructure.

In recognition of the wonderful home that has been created in the community, Mercy Place Warrnambool received a high commendation on 19 October 2012, in the Health and Wellness category (Government/Community) at the 2012 Powercor Warrnambool Business Awards.



Mercy Place Warrnambool Clinical Care Coordinator, Ms Katrina Collins and Clinical Support/Quality Coordinator, Ms Karen Harrison represented Mercy Health at the gala night.

Our sensory garden helps people enjoy life's simple pleasures.



Mercy Place Rice Village

This year Mercy Place Rice Village began work on a sensory garden to encourage residents with dementia to enjoy the simple pleasures of daily living.

Lifestyle Coordinator Ms Dianne King said, “We need activities that are suitable for people with dementia as they often get confused, lose their memory or become anxious. As their symptoms develop, they begin to operate on a more sensory level and respond to textures, smells, tastes and sounds.

“The aim of the sensory garden is for residents to feel free to wander in their home, sweep the path outside, collect eggs from the chooks, put out the washing, stroll around the circular path and tend the vegetable patch. Simple activities like these are enjoyable and can have a calming effect.”

This innovative project was made possible through generous donations managed by Mercy Health Foundation.

In July 2012, the Mercy Place Rice Village Buddy Program won the Aged Care Standards and Accreditation Agency “2012 Better Practice Award for Innovation”.

“The move into residential aged care is a major life event and can be a challenging time for new residents,” said Ms Kaye Rollinson, Acting General Manager Aged Care and Community Services (Victoria). “This buddy system helps new residents to feel part of the family and more confident in their day-to-day life.”

Each buddy is a resident who has volunteered to help new residents settle in. This initiative reassures families and contributes to the positive culture at Mercy Place Rice Village.

Mercy Health Bethlehem Home for the Aged

The last 12 months have also been an exciting time for Mercy Health Bethlehem Home for the Aged with the second stage of the residential redevelopment completed without delay. The home caters for an additional 60 people, including a memory support unit for 15 people living with dementia.

“When we started the redevelopment of the home we knew how important it was to keep residents and families informed of our plans and our progress,” said Ms Danni Tarran, Service Manager.

Residents moved into the new building in January 2013 and volunteers from Mercy Health’s Support Services helped to make the transition smooth for residents and staff alike.

“It’s wonderful to see people using the café, socialising and taking time out for prayer and reflection in the new chapel,” said Danni.

Dawn’s story

Mrs Dawn O’Neill moved into Mercy Health Bethlehem Home for the Aged six months ago and said it’s the best move she ever made.

Dawn has made new friends and likes to walk around the home to visit them. She also enjoys the many activities on offer.

“I’ve always loved doing craft,” said Dawn, “and I’m often the first one in the room when craft is on.”

Carpet bowls, bingo and footy tipping are among her favourite activities.

“I also love ‘happy hour’ and the musical concerts,” said Dawn.

As busy as she is at home, Dawn still makes time to explore the local community. “The bus outings and shopping tours are always good fun,” she said.



The new women’s room at Mercy Place Shepparton is a special gathering place for residents, family and friends.

Mercy Place Shepparton

At Mercy Place Shepparton staff have collaborated with residents to create a men’s room and a women’s room filled with the things they like to have in their own space.

“The men’s room has a billiard table, card table, TV and memorabilia,” said Ms Nicole Malseed, Service Manager. “We’ve had great feedback from the men and their wives!”

The women’s room has a TV, lounge chairs, tea and coffee facilities and magazines. “The ladies are very excited about their room,” said Nicole.

Mercy Place Albury

In May 2013, Mercy Place Albury held a community open day to celebrate the first anniversary of the home’s redevelopment. The extensive upgrade doubled the size of the home which now caters for 120 people.

Residents and visitors enjoy the extra space, views and natural light in the two new wings and the home can comfortably accommodate people with different care needs.

Mercy Place Albury also has a dementia specific unit which caters for 30 people.

All Mercy Health aged care homes are fully accredited.

Resident care is regularly assessed so each person can be properly funded as their requirements change.



“Act with great tenderness...
removing all anxiety from
the mind of the sick.”

Catherine McAuley, Foundress
Sisters of Mercy

End of life pathways

Mercy Health has brought together a number of services to improve care for terminally ill residents and support families through their journey.

With the assistance of Federal Government funding, a project worker from Mercy Palliative Care will work with Mercy Health's aged care homes to introduce End of Life pathways for residents who have a terminal illness. The aim of the process is to identify the terminal phase earlier, improve symptom management at the end of life, increase staff confidence in caring for terminally ill people and improve communication between families and care teams to fulfil residents' end of life wishes.



Home care services

Our commitment to helping people includes providing care in the community.

We understand that many older people want to stay in their own homes and live as independently as they can.

This choice can be supported by providing care between hospital and the home and helping older people move into residential aged care when the time is right.

Through Mercy Home & Community Care we assist older and disabled people with everyday tasks like cooking, cleaning and shopping so they can live independently. Our carers also provide companionship and registered nurses are on call to provide nursing care. Case managers are available for care assessments, planning and advocacy for care services.

Our funded programs

- Home and Community Care (HACC)
- Community Aged Care Package (CACP)
- Extended Aged Care at Home (EACH)
- Extended Aged Care at Home Dementia (EACHD)
- National Respite for Carers Program (NRCP)
- Veterans' Home Care (VHC)
- Veterans' Community Nursing (VCN)

Programs vary across Victoria, southern New South Wales and the Australian Capital Territory.

Some highlights

- Delivered 376,563 hours of service and saw over 4,000 clients in Victoria
- Relocated the Canberra office to Gungahlin in December 2012
- Successfully met the outcomes of the Community Care Common Standards for packaged care and Home and Community Care services in Canberra (Quality Review site visit November 2012)
- Canberra service invited by Disability ACT to trial the National Disability Insurance Scheme pilot in the Australian Capital Territory
- Canberra service invited by the Department of Health and Ageing to apply for over 65 Home and Community Care services in Queanbeyan
- Mercy Home & Community Care Young retained the contract of Brokerage Service Support Service for the Murrumbidgee Local Health District Transitional Aged Care Program in Cootamundra and Temora

As well as supporting individuals in the community, we are working closely with religious orders to plan and deliver care for their members.

“Mercy Health is privileged to serve religious communities,” said Ms Marija Kustura, Health & Wellbeing Coordinator for the Sisters of Mercy. “As members of the order get older they may need some extra care where they live or they may need another living arrangement where they can receive more complex care.”

As an example Marija noted, “One large community house requires a carer five days a week to assist with personal care for the Sisters, arrange medical appointments, provide companionship, arrange mobility and balance groups, and carry out general duties. This way, frail members of the community can stay in the community house and be cared for while others are at work.

“We provide pastoral care to another community house and visit the Sisters once a week for regular spiritual companionship and care.”

Mercy Health offers these services in a number of regions in Victoria and in the Canberra Goulburn Diocese.

Building strong links in Wyndham

Through our home and community care services we continue to build strong links with our residential aged care homes.

“One exciting new initiative is the activity group we have been setting up at Mercy Place Wyndham in the south west region of Melbourne,” said Ms Kaye Rollinson, Acting General Manager Aged Care and Community Services (Victoria). “There is a growing need to provide suitable activities for people with dementia and we are delighted to support residents and staff at this residential aged care home.

“Members of the Mercy Home & Community Care team will assist residents to participate in activities in the home, which is a safe and secure environment. Activities can also be held in the garden. Our aim is to create opportunities for residents to have experiences that are meaningful to them.”

Mercy Home & Community Care is also providing a wider range of services for people living in this region.

"We are increasing our allied health services and have two occupational therapists who are conducting home modification assessments for residents in the City of Wyndham," she said. "This is being managed through approved home and community care packages."

Maintaining a quality service

With the successful rollout of the Aged Care Quality System in all of Mercy Health's aged care homes, Mercy Home & Community Care has begun to implement its own quality system.

"This work began in the first few months of 2013," said Kaye. "Sites are now conducting carer safety audits, care planning audits and assessments audits and are undertaking continual improvement activities where required."



The aim of the quality system is to give our people useful tools and processes so they can work to an agreed standard and provide an excellent care service.

Carers in the classroom

In May 2013, Mercy Health Training Institute introduced the Certificate III in Home and Community Care. This program is an opportunity for care workers to increase their skills, get together with other carers in their region and build valuable networks.

Ms Heather Story, Mercy Home & Community Care Operations Manager said that building a sense of community is invaluable to carers.

"It's important for our carers to come together on a regular basis. Caring can be somewhat solitary in the sense that you're not surrounded by a team of fellow employees in your everyday work. Coming together regularly to learn and network allows carers to bond with one another and gain strength from that support."

The Certificate III covers topics such as promoting client independence, providing personal care and caring for older people with dementia and disabilities.



L-R: Ms Sue Hibbert, carer and Ms Trish Culvenor, Team Coordinator, Mercy Home & Community Care south east region. Sue said, "I'm enjoying meeting with co-workers and learning about different skills that I will be able to use to help my clients."



Health services

Mercy Health provides 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.

We care for people of all faiths and no faith, and are guided by our values as we serve those in need.

This 2012-13 year was unusual and complicated due to a significant degree of uncertainty regarding government funding. Part way through the financial year we were advised that previously agreed

funding was being withdrawn, only to be reinstated several months later. This created several difficulties in managing our services and the expectations of those we serve.

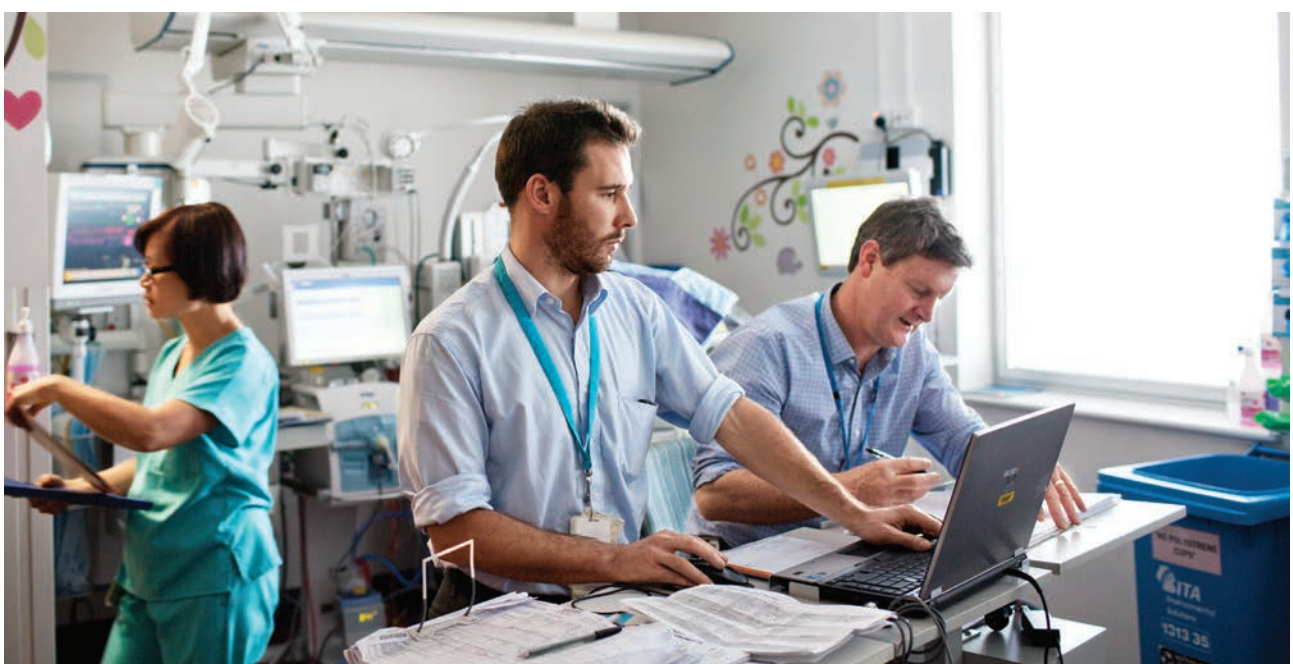


Bringing babies into the world is an extraordinary experience for mothers and the midwives who care for them.

While this type of funding decision was both unexpected and unprecedented, it did provide Mercy Health with the opportunity to see yet again how resourceful our people can be in times of sudden change. Our staff worked tirelessly to review services within the funding levels of activity while minimising the impact on the community. Not only were we able to develop and commence implementation of a plan to manage our services within our means, but to do this with the least effect on those most in need.

Equally, when the funding decision was reversed, our people showed incredible commitment to increasing activity and making sure that any disadvantage to patients was negated fully before the end of the financial year.

“I commend all of our staff for their continued commitment and dedication. Our priority is always to care first for our patients, our people and the broader community,” said Adj Prof Stephen Cornelissen, Chief Executive Officer, Mercy Health.



Neonatologist Jim Holberton and his team care for sick and premature babies in the Neonatal Intensive Care Unit.

Mercy Public Hospitals Inc

For some time Mercy Health has been reviewing our hospital and health services in Victoria.

These include Mercy Hospital for Women, Werribee Mercy Hospital, Mercy Mental Health, Mercy Health O'Connell Family Centre and Mercy Palliative Care. Some of these facilities deliver services locally and others provide services across the state.

The review was completed in early 2012-13 and we decided the best course for our health services in Victoria was to move to a program based structure rather than a facility based structure. Through this contemporary model Mercy Public Hospitals Inc will be better able to plan and manage services, apply strengths and learnings, and build on relationships with funding bodies and other health providers.

The review focused on how we manage the services we provide and involved changing senior management positions to align with the new program structure. With one exception, all appointments were made from within the existing Mercy Health team.

The new program structure for Mercy Public Hospitals Inc covers:

- Women's and Children's Services
- Surgery and Specialist Services
- Medical, Subacute and Palliative Care Services
- Ambulatory, Allied Health and Community Services
- Mental Health Services

It also includes a Chief Medical Officer and Executive Director of Nursing and Midwifery.

Uniting our allied health workforce

One of the benefits of the new program structure is that it brings together the individual disciplines that make up the hospitals' allied health workforce. It also aligns Mercy Public Hospitals Inc with what many in health call the "three pillars" of the healthcare workforce: medical, nursing and allied health.

"My desire is to build an allied health group that maximises the allied health contribution to patient care," said Ms Liz Murdoch, Program Director,



Like many of our allied health professionals, Ms Nelly Moshonas, dietitian; Ms Tanya Darrer, paediatric physiotherapist; and Ms Liz Murdoch, Program Director, Ambulatory, Allied Health and Community Services work with various care teams to support patients' wellbeing.



The hand therapy service at Werribee Mercy Hospital provides an outpatient and inpatient splinting and hand therapy service. These services are provided by occupational therapists who specialise in this work. They offer assessment and management of a range of upper limb conditions and injuries including arthritis, carpal tunnel syndrome, wrist and hand fractures and sprains, nerve and tendon injuries, tendonitis and finger dislocations.

Ambulatory, Allied Health and Community Services. “They bring critical skills to multidisciplinary teams and many of our staff have specialist postgraduate qualifications in their area of expertise.”

Allied health professionals provide a range of diagnostic, technical, therapeutic, direct patient care and support services. Practitioners work to protect, restore and maintain people’s wellbeing physically, mentally, socially and culturally.

Our allied health departments and disciplines include physiotherapy, occupational therapy, speech pathology, social work, dietetics, psychology, music therapy, pharmacy and radiography. Interpreters, pastoral carers, Aboriginal health workers, welfare workers and community development workers also provide valuable support to patients, carers and families. They work with their medical, midwifery and nursing colleagues to deliver a wide range of care services.

In 2013 Mercy Public Hospitals Inc received a Victorian Government grant to look at the way in which allied health assistants can better support allied health professionals so that patients can benefit from the different types of care available to them. This approach will allow allied health practitioners to spend time at the complex end of clinical care.

“This is a really important piece of work as the demands for allied health services have grown and the complexity of patients’ needs requires a highly skilled clinical workforce with the capacity to care for an ever increasing caseload. Allied health assistants will be part of the solution.”

Mercy Hospital for Women

Based in Heidelberg, Victoria the hospital offers obstetric, gynaecology and neonatal services and has one of only four neonatal intensive care units in metropolitan Melbourne. The 55-57 bed unit is made up of neonatal intensive care and special care nurseries.



Time to relax and bond after a hasty start to life!

Mercy Hospital for Women provides public and privately insured care for women and babies through maternity services, neonatology and paediatrics, peri-operative services, women's health and associated health and support services, diagnostic services and midwifery.

It is a major teaching hospital and referral centre with the medical, nursing, midwifery and allied health expertise to treat the most complex obstetric, neonatal and gynaecological cases.

Education and research precinct

In October 2012, Mercy Hospital for Women opened the Mercy Education & Research Precinct for staff and researchers. This refurbished space will be used for research by our clinical workforce and to develop educational programs in midwifery, women's health and neonatal nursing.

Located at Mercy Hospital for Women, the precinct incorporates the Midwifery Professorial Unit/ Professional Development & Research Unit (Nursing and Midwifery) La Trobe University/Mercy Hospital for Women. Since the unit was established in 2006, Professor of Midwifery, Susan McDonald has seen a significant rise in the amount of time dedicated to research and higher education among nurses and midwives. This prompted Susan to work with hospital leaders to create a dedicated space for knowledge sharing.

"As a specialist Victorian tertiary hospital, Mercy Hospital for Women is proud to have worked with La Trobe University to create this multidisciplinary education and research precinct. I wish to personally thank those involved in the planning and implementation process," said Dr Linda Mellors, Executive Director Mercy Public Hospitals Inc.



Professor Susan McDonald, Professor of Midwifery, La Trobe University/Mercy Hospital for Women celebrating the opening with Dr Linda Mellors, Executive Director Mercy Public Hospitals Inc.



Dr Lenore Ellett, Department of Endosurgery Fellow, Mercy Hospital for Women, conducted research into the use of a multimedia education module to improve patients' understanding of keyhole surgery. Lenore presented the findings of this study at the annual Australasian Gynaecological Endoscopy and Surgery (AGES) Society conference in 2012 and received the prize for the best oral communication.

Research is vital to our care practices

Our scientists, clinicians, educators and allied health professionals conduct research across a range of services and departments.

This research is vital to our understanding of the causes of disease and how we can improve the way we manage treatments and care for people.

Some of our researchers lead well established research groups that are involved in international collaborative projects and others are just beginning their careers in this area.

We thank them all for their dedication to improving health outcomes for the vulnerable and disadvantaged.

Depression in pregnancy

A new study developed by the Perinatal Mental Health Unit at Mercy Hospital for Women is pioneering research into depression in pregnancy.

In October 2012, the Mercy Pregnancy and Emotional Wellbeing Study (MPEWS) began recruiting participants for landmark research into perinatal mental health. The study is a world first. It looks at depression and the use of antidepressants in pregnant women and how these elements affect the relationship between mother and baby.

Funded by **beyondblue**, the study involves 300 first time pregnant women and is led by Associate Professor Megan Galbally, Head of Unit, Consultant Psychiatrist, Perinatal Mental Health, Mercy Hospital for Women.

The team includes local and international expertise from a range of institutions. "There are almost 20 of us in total," says Megan, "including, doctors, midwives, researchers and scientists from Mercy Hospital for Women, Deakin University, The University of New South Wales, The University of Melbourne, The Murdoch Childrens Research Institute and Leiden University in the Netherlands.

"It's a great team and we're passionate about getting real clinical outcomes for women with perinatal depression."



L-R: Dr Nicole Brooks, Research Coordinator; Dr Martha Lappas, PhD; and Chief Investigator Associate Professor Megan Galbally.



Our researchers and clinical staff are working hard to create a future in which mothers and newborns can be treated more effectively for complex illnesses.

Australian Placental Transfusion Study

A team of researchers, midwives, doctors and patients at Mercy Hospital for Women are participating in the Australian Placental Transfusion Study – a project that could change the way premature babies are cared for at birth.

Current medical practice dictates that when a baby is born, its umbilical cord is clamped and cut and the baby is quickly held up to show the mother or placed on the mother's chest so bonding can begin. For premature babies the process is fairly similar, though these babies can go on to develop a number of difficult conditions and health concerns.

The Australian Placental Transfusion Study is a randomised, multicentre study instigated by Australian academic Professor William Tarnow-Mordi. It is exploring the theory of “the golden minute”, posing the question: if a premature baby born at 30 weeks or less is held at or below the level of the placenta for up to 60 seconds immediately after birth, without clamping the

umbilical cord, can this final natural transfusion from the placenta negate health complications such as infection, anaemia and neurological impairment in early life?

This study is very important as it may improve health outcomes for premature babies. A few small studies have been done in this area, but this is the first time the long term effects of deferred cord clamping will be recorded.

The aim is to recruit 1,600 babies across Australia and New Zealand, 50 per cent of whom will receive immediate cord clamping (standard practice), while 50 per cent will receive deferred cord clamping (holding the baby at or below the level of the placenta for up to 60 seconds before clamping the umbilical cord). Mercy Hospital for Women is one of eight centres in Australia and two centres in New Zealand participating in the study.

For more information on our current research projects, see the “2012 Mercy Health Research and Development Report” online: mercyhealth.com.au.

Research excellence

Dr Tu'uhevaha Kaitu'u-Lino is a Postdoctoral Fellow in the Translational Obstetrics Group at Mercy Hospital for Women. This research team is funded by The University of Melbourne and focuses on scientific discoveries that can directly impact on the care of pregnant women and babies.

One of the group's major projects is to find medication based treatments that can replace surgery for life threatening ectopic pregnancies. These are complications of pregnancy where the embryo embeds itself outside the womb.

The group is also conducting scientific studies to better understand the biology of pre-eclampsia with the aim of finding new avenues to develop effective therapies. This work formed the basis of a successful National Health and Medical

Research Council "New Investigator" grant awarded to Tu'uhevaha to fund ongoing research in this area from 2013-15.

Another major project for the Translational Obstetrics Group is to look at diagnostics to monitor a sick fetus in the womb. The group has discovered molecules that are released from the placenta into the mother's bloodstream when the fetus is significantly starved of oxygen and in peril.

The group began an international study (Australia, New Zealand and Scotland) to see if this approach can be used as a clinical test to improve pregnancy care. The hope is that such diagnostics might help clinicians better time delivery in order to decrease the numbers of babies lost to stillbirth.

Tall Poppy

In 2012 Tu'uhevaha received the Tall Poppy Science Award for her medical research into women's health, specifically pre-eclampsia which is a severe complication of pregnancy.

As a mother of three and keen advocate for science education, Tu'uhevaha says that science and family life can go hand in hand.

"When I speak with young women, I want to show them that science is also a really family friendly field, particularly if you have a supportive organisation and team around you like I do."



Dr Tu'uhevaha Kaitu'u-Lino.



We hold our most precious gifts as tenderly as we can.

Mercy Health Breastmilk Bank

In the past year Mercy Health Breastmilk Bank has been able to supply, at medical request and with parental consent, pasteurised donor breastmilk for infants cared for in Mercy Hospital for Women's Neonatal Intensive Care Unit and Special Care Nursery.

This donor milk is made available to babies born before 32 weeks gestation or who weigh less than 1,500 grams at birth and their mothers are having difficulty providing sufficient breastmilk.

Families in the nursery have been very positive about the use of pasteurised donor milk and no adverse events occurred in babies who received pasteurised donor milk.

Mercy Health Breastmilk Bank follows international best practice and screens potential donor mothers for HIV, hepatitis B and C, syphilis and Human T Cell Lymphotropic Virus (HTLV, types 1 and 2).

Additionally donor breastmilk is tested for bacteria before and after the pasteurisation process with all pasteurised milk passed sterile before distribution to babies.

All processes surrounding the Breastmilk Bank have complied with key performance indicators as outlined in the Mercy Health Breastmilk Bank Quality Plan. The Breastmilk Bank complies with both Food Safety and Infection control guidelines, is registered with Banyule City Council and has met all audits by the Banyule Environmental Health Officer.

A separate food safety plan was developed at the suggestion of Banyule Council and approved by an independent food safety auditor. Mercy Health Breastmilk Bank has its own risk register and all risks have been reviewed to acceptable levels.

It is the hope of Mercy Health Breastmilk Bank to expand and offer pasteurised donor milk to very small and premature babies being cared for in other intensive care nurseries in Melbourne.

thank you

"I arrived at the lactation clinic when my son was 10 days old. He hadn't been latching on and had started to lose weight. With your help we successfully started breastfeeding and we're still going, eight months on. I've also been able to donate to the Breastmilk Bank.

"Thank you for the kind and gentle way you treated me when I was emotional and feeling helpless."

"I would have given up trying to breastfeed my premature twins if not for donor milk from the Breastmilk Bank."



Photo courtesy of the Geelong Advertiser.

The long wait

Georgia Zammit was born on 12 July 2012, but was due on 28 October. Extremely premature, baby Georgia defied the odds and went home after 118 days in hospital. Born at 24 weeks and weighing only 700 grams her survival is a testament to the extraordinary medical care and treatment she received at Mercy Hospital for Women.

Kim Zammit's cervix began to dilate in readiness for birth less than halfway through her pregnancy. She was placed on bed rest to try to prevent further dilation and labour. But just before she reached the 24th week of pregnancy Kim experienced cramping and bleeding and was rushed to Mercy Hospital for Women. She gave birth to Georgia three days later.

When Georgia was born she was placed in a humidicrib and had to stay there for 100 days.

For the first 11 days of her life Georgia relied on a breathing tube for oxygen. After 15 days Georgia opened her eyes for the first time. On the 16th day Kim and her partner Sonny touched Georgia for the first time. They didn't hold her for the first weeks because she had no immune system.

Four weeks later Georgia was diagnosed with necrotising enterocolitis, a very serious stomach infection. She was put on extremely strong

antibiotics for two weeks and all feeds were stopped to give her stomach a chance to recover. Thankfully Georgia recovered well.

For three months Kim expressed milk so Georgia could get the best start in life. The milk was fed to Georgia through a nasal gastric tube. While Georgia was extremely lucky not to require surgery, she had more than 10 blood transfusions.

On 27 September Georgia was taken out of the humidicrib and put in an open cot. This was a major milestone for Georgia and her family. It was the first time she was able to wear clothes. On 1 October she had her first bath and bottle. By 30 October, Georgia no longer needed breathing tubes.

Georgia was transferred to Geelong Hospital on 1 November weighing a healthy 2.8 kilograms.

Georgia went home on 6 November.

"Bringing Georgia home safe and healthy was one of the happiest times of our lives. It was a long road full of ups and downs but all so worth it when we had our baby girl finally home. We will forever be so grateful for the wonderful doctors and nurses at Mercy Hospital for Women for everything they did for our family," said Kim.

Mercy Health O'Connell Family Centre

Over the past four years there has been carefully managed change to the type of services provided by Mercy Health O'Connell Family Centre. During this time the focus shifted from settling babies to providing care for vulnerable families with more complex needs.

"Each child is at the centre of care," said Mrs Veronica Love former Director of Nursing/Manager of Mercy Health O'Connell Family Centre. "Their wellbeing, development and safety are the primary focus while still providing care to the whole family."

This change in direction was led by the Department of Human Services. "We've had a close working relationship with the Department," Veronica added. "It's something we've really benefited from. You get the outcomes by working in that collaborative and cooperative spirit."

Everyone from clinicians to administrative staff has participated in education and training to assist us adopt this new focus at the Centre. "This has varied from understanding the brain development of an infant to learning how to diffuse challenging situations to drug and alcohol training so that we were all ready to look after really vulnerable families."

Veronica said the aim of the Centre is to set people up for life. "We see the long term benefit in looking after children and families. Unless we provide an

opportunity in the early years, people may be at risk of not coping in later life.

"Some of the parents who come to us are teenagers. They need support from our early childhood workers and maternal and child health nurses. A lot of resources go into very young families but they need it, they deserve it, and that's where you can get such good outcomes."

Mercy Health O'Connell Family Centre is well aligned with the vulnerable children sector and Veronica chairs Mercy Health's Vulnerable Children's Committee.

"I've long had an interest in vulnerable children issues and was able to build on that at the Centre," said Veronica. "We did a lot of work on the documentation, policies and procedures for Mercy Health. It's an effective model. We have a representative from the Department of Human Services on the committee and invite the Senior Project Officer Vulnerable Children from the Department of Health as an attendee."

Veronica commends everyone at the Centre for the way they "persisted with and implemented the changes". This dedication is evidenced in the excellent accreditation result the Centre has received. "Each accreditation has been an improvement on the previous one. Our staff have managed to deliver so much. I can't thank them enough. They deserve my deepest gratitude."



L-R: Ms Caroline Redmond, Maternal and Child health Nurse; Mrs Veronica Love, former Director of Nursing/Manager; and Mrs June Wills, Administrative Assistant.



"Mercy Health O'Connell Family Centre continues to provide a high quality service to the families of Victoria. Clinical governance is sound and is supported by evidence based clinical practice...Surveyors noted a strong commitment to quality improvement from staff and management."

Australian Council on Healthcare
Standards (ACHS)

Mercy Health O'Connell Family Centre is a specialist early parenting centre supporting families of 0-4 year olds across Victoria.

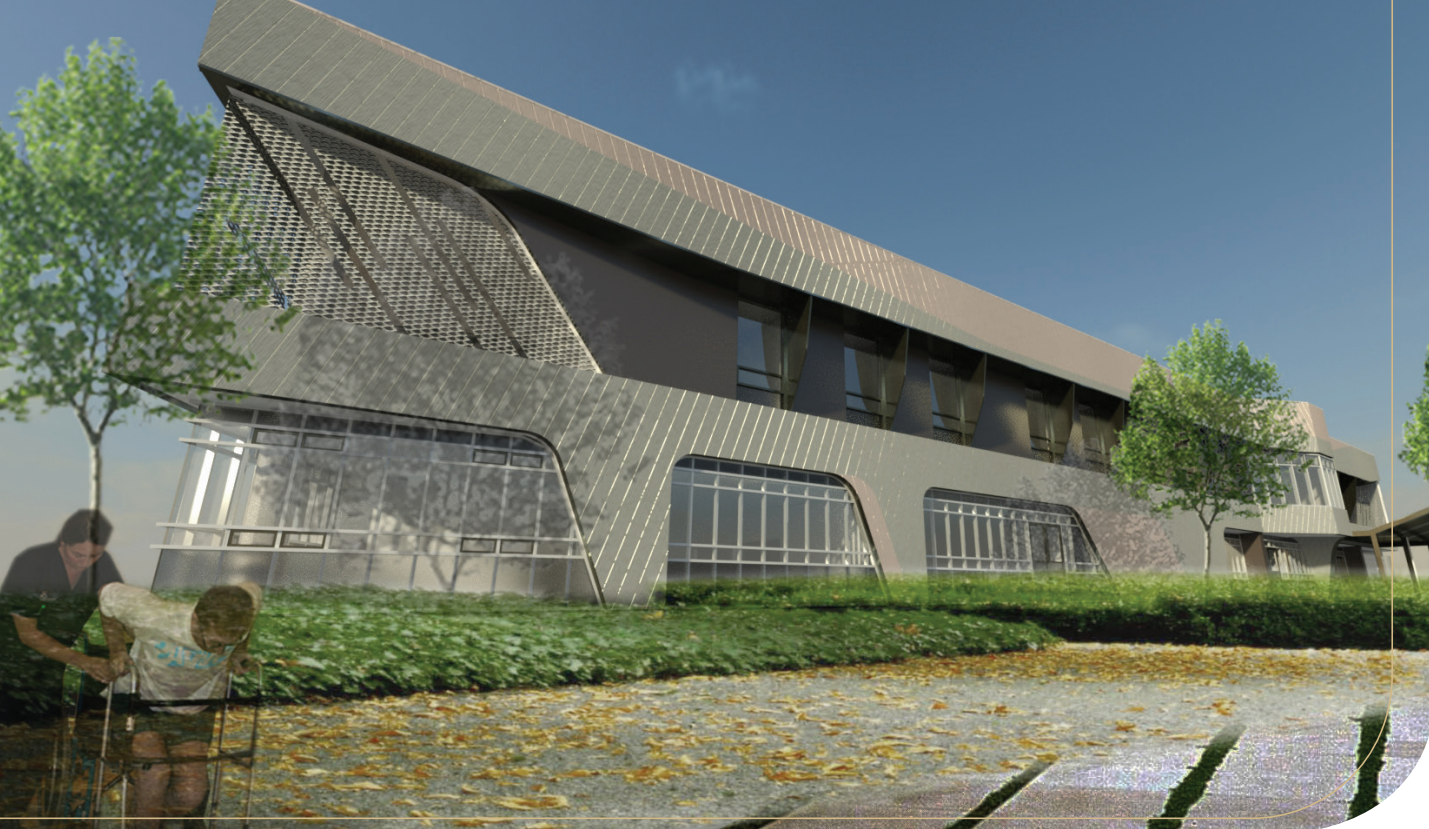
Services include:

- Residential, day and community programs
- Home based parenting education and support
- Cradle to Kinder program
- Playsteps program

thank you

"This letter is an acknowledgement of the achievements that are only possible because of your good work, willingness to develop the service and your commitment to providing the best care for families."

Mercy Health Board Quality Committee



Architect's impression of the new Rehabilitation and Geriatric Medicine Service at Werribee Mercy Hospital. This development will see an expansion of the hospital's community rehabilitation services. It will offer 10 new beds for rehabilitation patients and 10 new beds for older patients requiring geriatric care and assessment. This is a first for the hospital and the local community.

Werribee Mercy Hospital

Werribee Mercy Hospital is a community general hospital providing surgical, medical, maternity, newborn, renal dialysis, emergency, mental health, aged and palliative care services in the south western region of Melbourne.

The hospital also provides a range of home based support services including Hospital in the Home, Midwifery in the Home and a Neonatal Transition Service. The Transition Care Program offers rehabilitation and supportive care for older people after a stay in hospital.

Construction of a new Rehabilitation and Geriatric Medicine Service at Werribee Mercy Hospital is currently underway. This service will comprise 30 specialist subacute beds, a gymnasium and a two storey community rehabilitation centre to service Melbourne's southwest. Having these services in one location will provide efficient, innovative and accessible care to the local community. Construction is due for completion in December 2013.

Clinical School for Nursing

Construction has begun on the Mercy Health Clinical School for Nursing based at Werribee Mercy Hospital.

This project has been developed in partnership with Victoria University and Australian Catholic University.

It was made possible through funding made available by Health Workforce Australia.

"The Wyndham community will see a transformation of the Werribee Mercy Hospital precinct over time," said Mr Ray Kelleher, Executive Director Property & Infrastructure. "There will be improved facilities for patient care, workforce training and education, and research."



Architect's impression. The Mercy Health Clinical School for Nursing will include a seminar room, tutorial room/IT lab, clinical skills room, breakout space, administration space, office and small tea room. These areas will accommodate additional clinical educators and the Werribee Mercy Hospital Education Unit. Four bedrooms and living space for short term student accommodation are also included.

Students will have the opportunity to be part of the Clinical School in the first three years of their degree. They will participate in practical laboratories and tutorials at the hospital one day a week and attend placements at Mercy Place Wyndham (residential aged care home) with a clinical teacher to assist their learning.

The Clinical School will create education opportunities for local students and strengthen the relationship between the Catholic health organisations. Australian Catholic University's Vice Chancellor, Mr Greg Craven said, "This integration between a hospital and a university will help create clever workforces of highly trained and educated people."

Increased funding for mental health

In April 2013, the Victorian Government announced it would commit \$34.7 million in the 2013-14 budget for a new mental health unit to be built at Werribee Mercy Hospital.

This was very welcome news as it will ensure that Mercy Mental Health can continue to deliver appropriate and responsive care in one of Australia's fastest growing municipalities.

The funding will cover the cost to replace the existing 29 bed mental health wing of Werribee Mercy Hospital with a new facility comprising 50 adult inpatient mental health beds, including 10 high dependency unit beds plus four psychiatric assessment and planning unit beds.

Not only will the new unit provide for a state-of-the-art care environment, but it will result in mental health patients spending less time waiting in the hospital's Emergency Department for a vacant bed and, equally important, community clients will have greater access to inpatient treatment programs when they require it.

The redevelopment of our mental health service is part of our overall master plan which will see Werribee Mercy Hospital progress from a small community hospital to a large and complex metropolitan hospital offering an extensive range of general, critical care and specialist services.

To date, we have seen the completion of our new Maternity Services and Special Care Nursery, the commencement of the Commonwealth funded Rehabilitation and Geriatric Services and now a funding commitment for a new and enlarged inpatient mental health unit.

With our growing population and need for local services it is heartening that the Victorian Government is showing a real commitment to meeting the needs of our community. We are very excited and take comfort in knowing this new service will have a profound impact on the care we provide to people in the south western communities of Melbourne.

In 2007 Werribee Mercy Hospital developed a master plan in association with the then Department of Human Services (now Department of Health) which outlines how growth in demand will be met. It provides a blueprint for further development and expansion in line with community needs.

In the 2008-09 Victorian State Budget, Werribee Mercy Hospital was granted \$14M for Stage 1 of its master plan development.

Werribee Mercy Hospital seeks to identify and develop new and appropriate strategic priorities in service provision and development. These include how to respond to demographic changes and other factors which impact on service provision; how to deliver services in light of technological advances, changes in models of care and clinical practices; and how to survive the impacts of policy and costs on healthcare delivery.



Werribee Mercy Hospital's Emergency Department has a GP services information sheet and map to let patients know about health services in the local area. This project was a joint venture between Werribee Mercy Hospital's Emergency Department staff; Nurse Unit Manager, Emergency Department, Ms Lynn O'Neill; GP Liaison Coordinator, Ms Sharon Humphries [pictured]; Project Officer, Mr John Stafford; South Western Melbourne Medicare Local; Wyndham City Council; Hobsons Bay Council; and GP services in both municipalities.

Informing patients of local GP services

An information sheet on local health services has been developed for people presenting to Werribee Mercy Hospital's Emergency Department. It lists local GP services, emergency services, mental health, dental care, Medicare Local and interpreting services.

"The department was originally built as an Urgent Medical Care Unit where it was set up for GP rooms," said Ms Lynn O'Neill, Nurse Unit Manager, Werribee Mercy Hospital Emergency Department. "This has changed over time and the department is now treating more critical patients.

"The information sheets were set up to assist people attending the Emergency Department for non urgent treatments to find a GP in their local area.

"It is important that patients are treated in the appropriate setting. One of the benefits of people seeing a GP on a regular basis is that they can build up a relationship with their doctor and increase their continuity of care."

Thank you

Werribee Mercy Hospital is very grateful to the Werribee District Hospital Charitable Foundation for a generous donation that will allow us to buy five new anaesthetic machines. The Foundation exists solely to benefit the hospital and its volunteers work tirelessly to raise and manage these important funds.

Mental health training day

In May 2013, Dr Emma Radford, consultant psychiatrist; Ms Yvette Mackley, registered psychiatric nurse; Ms Melissa Hughes, registered psychiatric nurse from Mercy Mental Health's Mother Baby Services; and Associate Professor Campbell Paul from the Royal Children's Hospital presented at a perinatal and infant mental health training day at South West Healthcare in Warrnambool, Victoria.

Over 80 health professionals attended the event. They included paediatricians, midwives, general practitioners, obstetricians, child protection workers and specialist mental health services. They heard that half of all cases of depression among new mothers start while they are pregnant, and that early onset of depression offered opportunities for health professionals to intervene as soon as possible.

"Because health professionals check the physical health of women and their babies during pregnancy they should also be alert to the emergence of mental health issues," said Emma.

South West Healthcare's primary mental health team manager, Mr Nicholas Place said the aim of the training day was to encourage collaboration between health professionals in treating perinatal depression, which covers the time from a baby's conception to a year after their birth.

The day was organised by South West Healthcare, Mercy Mental Health and the Royal Children's Hospital.

thank you

"Thank you for your commitment and contribution to the training day. I found your presentations informative and engaging. I was impressed with the breadth of your knowledge and experience. People related great satisfaction with the day."

Mr Nicholas Place,
Primary Mental Health Team Manager,
South West Healthcare

Palliative care

Mercy Health's palliative care services in Victoria and southern New South Wales support terminally ill patients, their families and carers.

In 2012-13 Mercy Health's Board and executive group endorsed a strategy to integrate palliative care services into Mercy Health's aged care homes.

"As we aim to care for people at all stages of life, extending our palliative care services into residential aged care means older people who need palliative care can get the support they need without having to leave their home," said Ms Fran Gore, Deputy Director of Nursing/Manager, Mercy Palliative Care (Victoria). "This way we can assist older people with symptom management, support staff and carers, and improve communications between care teams."

Some highlights

- Mercy Palliative Care received a Federal Government grant to implement its End of Life care pathways in Mercy Health's aged care homes
- As part of the National Standards Assessment Program, Mercy Palliative Care is participating in a quality improvement collaborative program to improve care for carers
- Mercy Palliative Care continues its strong relationship with Western Health, participating twice a week in a symptom management, assessment and referral team (SMART) clinic at Western Health Footscray and Sunshine to improve access to palliative care for advanced cancer patients

Volunteers make a world of difference

Volunteers are integral to many of the care services we provide. Their contribution is highly valued and respected, and we thank all volunteers for their involvement with Mercy Health.

As palliative care can be challenging for trained and untrained people alike, we have a range of programs to induct and support volunteers.

Mercy Health Albury's palliative care volunteer program has been developed over many years and there is a clear structure for the organisation and volunteers to follow.

"People who want to volunteer have an initial interview," said Ms Louisa Thompson, Support Coordinator Palliative Care. "If there is mutual agreement, the prospective volunteer goes through a six day training program covering the philosophy of palliative care, grief and loss, family dynamics, communication, spirituality, values and ethics, self care and boundaries, illness and its treatments, the role of the volunteer and orientation to Mercy Health Albury."

There is a follow up interview and if the prospective volunteer is suitable for the role they are given a community placement or given a role within Mercy Health Albury.

All palliative care volunteers have a job description. After their first round of training, volunteers are committed to:

- Attend annual mandatory training
- Follow safe home visiting guidelines
- Undertake an annual recommitment, review and development meeting with the Supports/Volunteer Coordinator
- Participate in ongoing education opportunities
- Be guided by policies and procedures
- Be accountable for their work
- Attend awareness training specific to their role/placement
- Complete time sheets so that monthly data can be collected

The empty chair

A play focusing on a family's struggle to cope with the loss of their mother, caring for their grieving father and coming to grips with his dementia is a powerful new approach Mercy Palliative Care has used to start conversations about grief, loss and terminal illness.

"The purpose of the play 'The Empty Chair' is to get people talking about these difficult topics," says Ms Fran Gore, Deputy Director of Nursing/Manager, Mercy Palliative Care. "Many people don't think about dementia as a terminal illness, but it is. The play shows how the husband copes with his wife's death, and how he and his children navigate their way through his illness."

Fran said, "Palliative care isn't about finding a cure. We provide pain management, respite care and support to patients and carers. We focus on quality



of life where cure is no longer an option. Our role is to help people truly live until they die."

“We hold a training and placement review meeting three months after volunteers’ initial training,” said Louisa. “This way we can make sure our volunteers are comfortable and capable in their roles.

“The review allows time for open discussion and gives us the opportunity for consultative team planning.”

One of the highlights for 2012-13 was the introduction of the meal companion volunteers to the Geriatric Evaluation and Maintenance Unit. “Volunteers assist identified patients with their meal or offer companionship during meals,” said Louisa. “This creates a respectful environment and gives people the pleasure of sharing food.”

Mercy Health Albury has a very high retention rate among volunteers, with some people serving over 20 years.

So many have said:

“We get more out of the relationship than we give.”

“It is definitely a two way exchange.”

“We feel truly privileged to do this work.”

“I made a beautiful friend.”

Louisa noted that volunteers attend awareness sessions with a speech pathologist and a dietitian before undertaking this role. “This is a very new role and already there’s a close working relationship between the dietitian, volunteers and staff members.”

A long history in New South Wales

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

Today, Mercy Health operates subacute health, residential aged care and home and community care services in Albury and Young in New South Wales, and home and community care services in the Australian Capital Territory.

By providing subacute health, community and aged care services through one organisation, we are well placed to provide people with the care they need at critical times in their lives.

Our hospitals include Mercy Care Centre Young, a 26 bed inpatient facility and Mercy Health Albury, a 50 bed inpatient hospital. These facilities offer a significant range of outpatient and community healthcare services to local communities and surrounding regions.

Our aim always is to keep patients at the centre of care planning and service delivery.

Some highlights

- Mercy Health Albury's "Stepping On" falls prevention program, funded by the New South Wales Ministry of Health, was rolled out
- Mercy Health Albury was awarded nine EAs (extensive achievement against review criteria) in the Australian Council on Healthcare Standards Survey
- Mercy Health Albury was invited to the Murrumbidgee Local Health District Senior Managers meeting to present quality achievements against national standards and discuss planning and process for success
- The Palliative Care Volunteer Support Worker role at Mercy Health Albury was expanded to include feeding assistance and "How Nice" conversations
- Mercy Health Albury's National Standards Assessment Program Peer Review was attended, benchmarked and approved
- Mercy Health Albury's Work Health and Safety/Injury Management profile achieved 94.4 per cent, the top benchmark for Murrumbidgee Local Health District
- Mercy Care Centre Young's improved Work Health and Safety initiatives saw a 24 per cent improvement in the numerical profile audit with a result of 87.2
- Mercy Care Centre maintained its "A" grade in the New South Wales Food Audit



Pastoral care

As a Catholic organisation, Mercy Health greatly values the spiritual, religious and personal dimensions of each person.

"We provide pastoral care to people through prayer, a listening presence, giving support and being aware of people's needs at times of change, illness, palliative care or bereavement," said Ms Kate Hewett, Director Pastoral Services, Aged Care Services, Mercy Health. "Our pastoral care staff are integral to all Mercy Health services and are available to everyone, regardless of faith."

Did you know?

- Mercy Health is a member of the Diploma of Ageing and Pastoral Care Sponsorship Committee, which introduced and oversees the delivery of the Certificate IV in Pastoral Care and the Diploma of Ageing and Pastoral Care in Victoria
- Other members of the committee are representatives of Churches of Christ, Benetas, Baptcare, Jewishcare, Catholic Homes, Cabrini, Southern Cross and Holy Family Services Sydney
- Holy Family Services is the registered training organisation delivering the Certificate IV in Pastoral Care
- The committee was successful in obtaining National Workforce Development Fund support to reimburse employers one third of employee training fees if employees are sponsored by their employers
- The course is fully booked for 2013-14 and a new course will be conducted in 2014 due to demand



After experiencing a stroke, Ken received hospital care, transitional care and home care so he could regain his mobility and live independently.

As an occupational therapist in Mercy Health Albury's Transitional Aged Care Service, Ms Jacinta Finn sees firsthand the role transitional care plays in the lives of older patients.

"This care is provided by a range of health professionals," said Jacinta. "One example of the way we share care is the journey we took with 78-year-old Ken when he had a stroke last year; a journey that involved acute, subacute and home care."

After experiencing a brain haemorrhage Ken was hospitalised. While he was in acute care it was clear that he needed to start rehabilitation as soon as possible.

"The early stages of patient assessment and treatment in the acute setting are very intense and can be overwhelming for family as well as patients," said Jacinta.

"Ken's wife, Hazel also needed a high level of support as she was distressed. Their future was suddenly uncertain and she needed to take on care responsibilities that she had never considered before."

Jacinta added that focusing on rehabilitation strategies while he was in hospital was a positive for Ken and Hazel.

A journey back to health

"As Ken began his recovery process the multidisciplinary team could assess the extent to which he had been affected by the stroke. A team of doctors, nurses, a physiotherapist, occupational therapists, a speech pathologist, social workers and allied health assistants developed a therapy program which included mobility retraining, personal care retraining, speech and upper limb function.

"It was very motivating when Ken began to respond to his therapy. This meant we could take him into the Transitional Aged Care Service's Healthy Ageing Unit and give him the opportunity to build up his strength and skills in a more relaxed environment.

"The Unit has a homely feel and residents can make their own routine. They can get up, shower and have breakfast when they want to. They can move around freely, have visitors and exercise when they want."

This arrangement really suited Ken who said, "I felt like a person, not a patient. I felt empowered and they really listened to me."

Hazel could also relax a little as she knew Ken's needs were being met and she could take some time out to look after herself as well.

After 12 weeks Ken was able to go home. A number of services were put in place to support his return, his ongoing rehabilitation and provide some respite for Hazel. Modifications were made to their home and equipment such as a shower stool was provided so that Ken could live as independently as possible.

Ken and Hazel said that without the Transitional Aged Care Program Ken would probably not have been able to return home. It enabled him to make significant gains in his function and regain his confidence. Ken and Hazel have been able to continue some of their shared activities like supermarket shopping, going out for lunch and visiting family.



Sushila, Registered Nurse

Everything we do is about people. It's how we welcome and care for others. It's how we respect each individual. It's how we support each other and try to learn more each day.

Therefore, we are committed to continually developing our people, strengthening our organisation and building an enduring capacity to serve those with special needs.

To encourage the very best in each other, we have a range of organisation initiatives to enhance our culture, promote our values and support our people. One of our key commitments is to develop our leaders and managers.

This includes the:

- Executive Leaders Program – This initiative began in September 2012 and was designed by Mercy Health and HardyGroup International to assist our leaders broaden their leadership knowledge and skills. The focus of the program is to ensure today's leaders are equipped to face the challenge of developing meaningful strategies that can be implemented in complex environments.
- Annual Leadership Day – In 2012 the theme was "authentic leadership". More than 130 managers from across Mercy Health participated in the event and spent time reflecting on their roles as leaders. It was also an opportunity to learn from the leadership experiences of high profile guest speakers.

Our people

- Middle Managers Program – The program was facilitated by Mercy Health Training Institute in conjunction with Mercy Health's Organisational Development function. The program supports the development of current and future managers and provides the opportunity for participants to gain valuable leadership skills with a particular focus on the principles of project management, continuous improvement, customer service, communication and teamwork. The 2012 program saw 11 participants from across the organisation graduate and obtain a Certificate IV in Frontline Management. Participants were able to hear and learn from executive directors who attended the sessions to present on various topics relevant to the units of study.

Mashuwa's story

"The program changed my perception of what I thought management and leadership is. It has challenged me to lead not how I would like to be led, but how I can lead others to attain our mutual goals. The input from the executives who share in the sessions is invaluable. To meet them and have one on one discussions is more than any text can teach. I feel very fortunate to be part of the program and already feel more confident in leading others."

**Mr Mashuwa Chinomona,
Registered Nurse
(Clinical Nurse Specialist),
Werribee Mercy Hospital**

Pulse surveys

In 2012-13 we began a series of online "pulse surveys" to gain feedback from our people. The first survey was conducted in June 2012 and focused on culture and ethos with a particular emphasis on workplace behaviour and our core values. Over 1,300 employees participated. The majority of respondents (88 per cent) agreed with the statement "I am proud to work at my facility".



Marise, Registered Nurse



Oscar, Theatre Technician

“Living Our Values” awards

These awards were launched in March 2013 to recognise and acknowledge each other for consistently living Mercy Health’s values.

Ethos, Values & Culture Committees have also been established across the organisation. They play an active role in developing and supporting initiatives that encourage our people to live our values.

“I acknowledge the time and effort committee members put into these initiatives,” said Adj Prof Stephen Cornelissen, Chief Executive Officer, Mercy Health. “I thank them for the valuable work they do.”

Diversity and Equity Committee

With Mercy Health’s growth and the restructure of Mercy Public Hospitals Inc, it was important to review existing committees. As a result Mercy Health’s Cultural Diversity Committee was disbanded and replaced by the Mercy Health Diversity and Equity Committee in 2013.

The new committee operates at a strategic level and is responsible for developing, implementing and monitoring Mercy Health’s diversity and equity strategies. It is also responsible for gender equality, cultural responsiveness and community participation.

To ensure commitment at an executive level, the committee is chaired by Mercy Health’s Chief

Executive Officer with senior representatives from across the organisation. “This Committee was established to ensure that Mercy Health continues to develop and grow as a place of equity and justice for all,” said Stephen.

Mature age plan

With an ageing workforce Mercy Health is an advocate for attracting and retaining older people.

“Fifty per cent of our workforce is aged 45 years or older,” said Ms Kate McCormack, Executive Director People, Learning & Culture. “Over the past two years we have been working closely with external provider SageCo to identify the challenges experienced by our mature age employees. This year we continue our focus on ‘making maturity matter’ and we will be developing initiatives to ensure we retain the valuable knowledge and skills of our older workforce, as well as developing transition to retirement options for staff.”

Mercy Health continues its link with SageCo through the Australian Government’s Corporate Champions Program, which provided \$20,000 funding to assist Mercy Health in becoming a business leader in championing the employment, recruitment and retention of mature age employees.

As an organisational member of Diversity Council Australia (DCA), Mercy Health also provided practitioner insight and was featured in a case

study in the research report *Older Women Matter: Harnessing the Talents of Australia's Older Female Workforce*. The research report was conducted by DCA in partnership with the Australian Human Rights Commission and investigated how underutilised older women really are and what employers can do to better harness their skills and talents.

"The benefits and opportunities that older workers bring to the workforce include extensive experience, valuable knowledge and skills, and higher levels of motivation, performance and commitment," said Kate.

International Women's Day

From 4-8 March 2013 Mercy Health hosted a range of International Women's Day events to celebrate the achievements and contributions of women.

As an Employer of Choice for Women with a female workforce of 80 per cent, Mercy Health has implemented a range of workplace practices and initiatives that support women through different life stages.

Mercy Hospital for Women held its third joint breakfast celebration with Austin Health, recognising outstanding employees who inspire other women. Ms Mary McCarthy, Emergency Department Nurse Unit Manager was recognised for her outstanding leadership and commitment to improving patient care.



In 2013 Ms Mary McCarthy, Emergency Department Nurse Unit Manager, Mercy Hospital for Women was recognised as an outstanding employee who inspires other women.

RUOK? Day

At Mercy Health we recognise that our people spend a lot of time at work and often have to deal with traumatic experiences in health, aged and community care. We also acknowledge that pressures from home can impact on people's emotional wellbeing.

We are therefore committed to providing a workplace that supports employee's health and wellbeing and we see RUOK? Day as an ideal way to promote the importance of staying connected.

RUOK? Day events were held across all Mercy Health facilities with employees, residents, patients and clients taking part in exercise, social and artistic activities, mental health information sessions, and the now iconic yellow themed morning and afternoon teas.



Nurses and midwives celebrate RUOK? Day at Mercy Hospital for Women.



Diversity events

A range of events are celebrated across Mercy Health to assist our people share, enjoy and gain a better understanding of diversity at work and in the community.

Major events include Cultural Diversity Week, Harmony Day, Refugee Week, NAIDOC Week, World Day for Cultural Diversity, Chinese New Year and Ramadan.

Mercy Hospital for Women and Austin Health shared NAIDOC Week celebrations with staff, patients and the local community.

Awards

- Australia Day honours:
 - Mr Julien O'Connell AM, Chairman, Mercy Health Board
 - Sr Berneice Loch rsm OAM, Institute Leader, Institute of Sisters of Mercy of Australia and Papua New Guinea
- Equal Opportunity for Women in the Workplace Agency's (EOWA) Employer of Choice citation
- Mercy Place Rice Village: Aged Care Standards and Accreditation Agency 2012 Better Practice Award for Innovation for the Buddy Program
- Mercy Place Warrnambool: High commendation in the Health and Wellness category (Government/Community) 2012 Powercor Warrnambool Business Awards
- Minister for Health Volunteer Awards 2013 – Outstanding Achievement by a Volunteer Team – Mercy Palliative Care Volunteer Equipment Delivery Team
- Dr Tu'uhevaha Kaitu'u-Lino: 2012 Tall Poppy Science Award for Medical Research into Women's Health

Finalists:

- AHRI (Australian Human Resources Institute) Awards 2012: The Lynda Gratton Manager of the Year: Dr Linda Mellors, Executive Director Mercy Public Hospitals Inc
- AHRI Diversity Awards 2013 – RUOK? Day Workplace Award

Mercy Health Training Institute

Mercy Health Training Institute is a registered training organisation providing nationally recognised qualifications and non accredited training to meet individual and industry requirements in Victoria, the Australian Capital Territory and New South Wales.

“Our philosophy is to develop skilled people with the professional attitude to succeed in their work,” said Ms Janice Martin, Operations Manager, Mercy Health Training Institute. “Our team of qualified trainers and assessors have current industry expertise and practical experience, many of whom are Mercy Health people.”



Our first aid course is popular among staff and members of the community.

Some highlights

- Offered the HLT43212 Certificate IV in Health Administration traineeship programs for Mercy Health administration staff; 28 employees from across the organisation completed the course
- Ten Mercy Mental Health employees completed a CHC50308 Diploma of Community Services (Mental Health). This qualification is part of their graduate year. This program was a partnership between Mercy Health Training Institute and Mercy Mental Health, Saltwater Clinic
- Vocational Education and Training in Schools (VETiS) program:
 - In 2012, 15 students completed their qualification of HLT32407 Certificate III in Allied Health Assistance and six completed the CHC30208 Certificate III in Aged Care
 - In 2013, 71 senior secondary school students enrolled in the CHC30212 Certificate III in Aged Care and HLT32412 Certificate III in Allied Health Assistance at Bundoora Secondary College, Mercy Hospital for Women and Werribee Mercy Hospital as part of their VCE or VCAL studies
- Successfully applied for a Department of Health and Ageing Aged Care Workforce Vocational Education and Training funding grant to support care workers in Mercy Health Aged Care and Home and Community Services to gain further qualifications
- Implemented a professional development program for nearly 300 Mercy Home & Community Care workers in Melbourne and the Barwon region to meet their annual mandatory competencies in manual handling, CPR and first aid



Mercy Health Foundation

Since 2006 Mercy Health Foundation has been securing philanthropic support and donations for the constant improvement of care.

It has initiated significant projects, including the:

- Sheila Handbury Chair of Maternal Fetal Medicine
- Mercy Health Breastmilk Bank
- Chair of Aged Care
- Endowment Fund (\$10M+)

This year the Foundation made a commitment to support the establishment of a Centre for Mental Health and Family Wellbeing. The Centre will focus on research and develop programs to assist

people facing the challenges of mental illness during pregnancy and in the early parenting years.

The Centre for Mental Health and Family Wellbeing was the sole beneficiary of the annual Mercy Health Foundation Celebratory Ball held in June 2013.

Mr Gavan Woinarski, Executive Director Mercy Health Foundation said the Ball raised more than \$180,000 from generous sponsors and guests who have contributed to the Foundation's ongoing commitment to families facing the challenges of mental health.

Other highlights this year included the Christmas Appeal, which sought donations to assist families in emergency situations. The appeal was divided in two, with donors invited to support families in either Mercy Palliative Care or with babies in the Neonatal Intensive Care Unit.

“Both these appeals raised sufficient money to support needy families and the number of donors responding to our request was very encouraging,” said Gavan.

One of the Foundation’s latest achievements is the new Regional Aged Care Training Unit in Warrnambool, Victoria. It will give aged care providers in western Victoria access to coordinated aged care training and orientation programs. A pilot program was conducted at Mercy Place Warrnambool in 2012 and a model was developed to deliver training locally. This initiative is supported by many of the philanthropic trusts and foundations based in Warrnambool. Collectively they have pledged over \$40,000 a year for four years toward the program.

“It’s a special kind of person who raises their hand in times of need. A special kind of heart that puts others first.”

**Mrs Louise Gourlay OAM,
Donor and Patron**

“Working with Mercy Health I have personally been involved with people who open their hearts and hands to those in need.

This passion to help others is also at the very heart of Mercy Health Foundation.

There is something special about Mercy Health that attracts us, and we are delighted to be donors.”

Mrs Jane Gale, Donor



Key initiatives

Consumer participation

Mercy Health actively involves consumers, carers and community members in our feedback and review processes. This is done through organised groups; it is encouraged at the individual level, by patients being involved in the decision making about their health; and through policy, planning and service delivery.

In March 2012 Mercy Health formed the Community Advisory Committee. It includes people

from a range of backgrounds who bring a diversity of experiences to the committee. Since it began the committee has been meeting every two months.

“It’s so important to hear consumers’ perspectives on service planning, service delivery and quality improvement,” said Ms Kerry Shearer, Executive Director Risk Management and Quality. “One of the committee’s early tasks was to give feedback on the changes to our complaint reporting process.

“It is exciting to see the way their recommendations are being integrated into the process.”

During the year the committee wrote a community engagement plan which outlines four key priorities:

- To ensure person centred care is part of our everyday approach to the care we provide
- Uphold our values
- Strengthen our capacity to be transparent and accountable to the communities we serve
- Develop our capacity to respond to the health needs of our diverse communities

In 2012-13 the terms of reference for the Werribee Mercy Hospital Community Advisory Group

were reviewed. The aim was to include a broader range of people from the community. Six members were selected and the first group meeting included a tour of the hospital and meetings with senior staff members. The Community Advisory Group will provide input into quality, safety and patient experiences and will give feedback on the hospital's redevelopment and expansion programs.

A more recent initiative was the Community Information Advisors Program. This group of volunteers has been recruited to review publications and give feedback on how print materials can be improved. Mercy Health currently has over 30 reviewers from diverse backgrounds and interests.



Say Htoo Eh's story

Ms Say Htoo Eh Moero is a volunteer in the Community Information Advisors Program. Say Htoo Eh was originally from Myanmar (Burma) who came to Australia as a refugee. Say Htoo Eh works full time in the south western region of Melbourne as a settlement case worker for the Wyndham Community and Education Centre. She performs countless hours of voluntary work for her church and the local Karen community. In 2012 Say Htoo Eh was recognised by then Prime Minister Julia Gillard with the “Above and Beyond” Award for outstanding service to the people of Wyndham.



This tick shows that people from the community reviewed a publication before it was printed.

Community reviewed tick



Implementing good systems across our services means the care we provide is not only compassionate and respectful, it is also efficient and professional.

Working safely

Mercy Health's Risk and Safety team works closely with all areas of the organisation so that our people can use efficient processes in their work.

At Mercy Health we understand that we are fallible. It is a reality that mistakes can, and do, happen when dealing with human beings. Therefore, we use every encounter, every step, every situation as an opportunity to learn from experience and minimise the risk of mistakes occurring.

A key project this year was the implementation of a document management system to improve accessibility and control of policies, procedures, clinical guidelines and protocols.

The document management system provides full text search within documents and automated review notifications to the author of policies, procedures, clinical guidelines and protocols to ensure the most up to date version is available. It is used by many other health services, which enables more efficient data sharing and comparisons between services.

"This is an important way of keeping our people informed and up to date in the delivery of care services," said Ms Kerry Shearer, Executive Director Risk Management and Quality.

Work Health and Safety Long Term Plan 2013-17

The Risk and Safety team has undertaken three reviews in preparation for the next four year Work Health and Safety Plan.

- Occupational Health and Safety Consultation Review
- Manual Handling Program Review
- AS 4801 – Occupational Health and Safety Management Systems Audit

“In health services, manual handling is a big issue for staff,” said Kerry. “Our review will cover safe work practices for people who work with patients, move equipment or work in offices.”



Feedback from clinical staff gives us valuable insight into how we can continually improve patient care.

Where we are located

Mercy Health cares for people in Victoria, southern New South Wales and the Australian Capital Territory.



Health services

Victoria

Mercy Hospital for Women,
Heidelberg: 03 8458 4444

Well Women's Clinic,
Heidelberg: 03 8458 4881

Mercy Health Lymphoedema Services,
Heidelberg 03 8458 4949,
East Melbourne: 03 8458 4990

Mercy Health O'Connell Family Centre,
Canterbury: 03 8416 7600

Werribee Mercy Hospital,
Werribee: 03 8754 3000

Mercy Mental Health,
Saltwater Clinic: 03 9928 7444

Mercy Mental Health Triage Service: 1300 657 259

Mercy Palliative Care: 03 9364 9777

Mercy Grief Services: 03 9364 9838

New South Wales

Mercy Health Albury: 02 6042 1400

Mercy Care Centre Young: 02 6382 8444

Aged care

Victoria

Mercy Health Bethlehem Home for the Aged,
Bendigo: 03 5440 8200

Mercy Place Colac: 03 5233 5600

Mercy Place East Melbourne: 03 9413 1777

Mercy Place Montrose: 03 9724 6000

Mercy Place Parkville: 03 9385 9222

Mercy Place Rice Village, Geelong: 03 5241 3686

Mercy Place Shepparton: 03 5832 0900

Mercy Place Warrnambool: 03 5564 2800

Mercy Place Wyndham, Werribee: 03 8734 6500

New South Wales

Mercy Place Albury: 02 6024 9500

Mercy Place Mount St Joseph's,
Young: 02 6380 1300

Home and community care

Victoria

Mercy Home & Community Care:

City of Melbourne: 03 9658 9733

Colac: 03 5233 5603

Geelong: 03 5240 7300

North West Metropolitan Melbourne: 03 9385 9444

South East Metropolitan Melbourne: 03 8530 6999

Australian Capital Territory

Mercy Home & Community Care:

Canberra: 02 6228 9600

Training and education

Mercy Health Training Institute: 03 9261 2085

Support and administrative services

Mercy Health: 03 8416 7777

Mercy Health Foundation

Richmond: 03 8416 7766

Careers

For careers information at Mercy Health go to:
careers.mercy.com.au

Report of Operations

Mercy Public Hospitals Inc

In accordance with the *Financial Management Act 1994*, I am pleased to present the Report of Operations for Mercy Public Hospitals Inc for the year ending 30 June 2013.



Mr Julien O'Connell AM
Chairman

3 September 2013

Contents

| | |
|----|--|
| 46 | Introduction: Executive Director Finance & Support Services |
| 47 | How we govern ourselves |
| 48 | Our services |
| 49 | Organisation structure |
| 50 | Our administrative structure |
| 53 | Mercy Health Strategic Plan 2013-17 |
| 54 | 2012-13 Statement of Priorities |
| 63 | Performance priorities |
| 67 | Activity and funding |
| 68 | Our workforce |
| 69 | Reporting procedures |
| 71 | Freedom of information |
| 72 | Research |

Introduction

Providing compassionate and responsive care is central to our ethos as a denominational healthcare provider. Doing this in the most effective manner is

important for us to fulfil our mission and ensure the best use of funds to serve the most need.

Executive Director Finance & Support Services

2012-13 Finance and performance report

Consistent with previous years, Mercy Public Hospitals Inc encountered demand pressures for services which reinforces the need for enduring processes targeted at improving the efficiency of service delivery and of cost management through annual productivity improvements.

In response to these continual challenges, Mercy Public Hospitals Inc throughout 2012-13 introduced a program management structure across the entirety of its operations, replacing the previous hospital based management structure. This new structure will facilitate a more streamlined approach to care and service provision, the attraction and retention of clinical staff and provide greater flexibility in terms of the way resources are allocated to meet demand pressures.

Mercy Hospital for Women continues to provide and advance tertiary obstetrics, gynaecological and neonatal intensive care services while Werribee Mercy Hospital and Mercy Mental Health services

are further developing their respective service capacities to serve the Wyndham catchment and other residents in the western region of Melbourne.

The perpetual development of services from Mercy Public Hospitals Inc is supported by a framework of service and financial sustainability.

Our operating result

The financial result for 2012-13 was a net surplus before capital and specific items of \$3.638M, compared to \$1.406M in the prior year. This result was underpinned by a strong focus on cost efficiency including a material reduction in agency staff costs, which went down some 32 per cent. This result was achieved despite significant disruptions to operations throughout the year attributable to funding uncertainties.

The net result for the year of \$16.854M included \$18.093M of capital purpose income, partially offset by depreciation costs of \$4.877M.

The trend of results over the past five years shows:

| | 2013 \$000 | 2012 \$000 | 2011 \$000 | 2010 \$000 | 2009 \$000 |
|--|---------------|---------------|---------------|---------------|---------------|
| Total Revenue | 257,757 | 234,811 | 217,444 | 200,450 | 186,703 |
| Total Expenses | 240,903 | 231,445 | 214,455 | 204,63 | 185,888 |
| Net Result for the Year (inc. Capital and Specific Items) | 16,854 | 3,366 | 2,989 | (4,188) | 815 |
| Retained Surplus/(Accumulated Deficit) | 23,906 | 7,258 | 4,244 | 1,434 | 5,603 |
| Total Assets | 83,844 | 58,283 | 50,445 | 45,529 | 53,985 |
| Total Liabilities | 57,287 | 48,580 | 44,108 | 42,181 | 46,449 |
| Net Assets | 26,557 | 9,703 | 6,337 | 3,348 | 7,536 |
| Total Equity | 26,557 | 9,703 | 6,337 | 3,348 | 7,536 |

How we govern ourselves

Mercy Public Hospitals Inc was established in 1986 under the *Associations Incorporation Act 1981 (Vic)*. Mercy Public Hospitals Inc is a Denominational Hospital as per Schedule 2 of the *Health Services Act 1988 (Vic)*. All Mercy Public Hospitals Inc services are fully accredited by the Australian Council on Healthcare Standards (ACHS).

Mercy Public Hospitals Inc is part of Mercy Health, a Catholic not-for-profit organisation which provides a range of health, aged and community care services to the communities of Victoria, the Australian Capital Territory and southern New South Wales.

The Board of Mercy Public Hospitals Inc is the concurrent Board of:

- Mercy Health & Aged Care 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

The relevant ministers for the reporting period for Mercy Public Hospitals Inc were:

- The Honourable David Davis, MLC, Minister for Health and Minister for Ageing
- The Honourable Mary Wooldridge, MP, Minister for Mental Health

Mercy Public Hospitals Inc was established for the following purposes:

1. To carry on or assist in the carrying on of the charitable activities of the Sisters of Mercy in connection with hospital, healthcare and related services.
2. To operate:
 - 2.1. Mercy Hospital for Women, Heidelberg;
 - 2.2. Werribee Mercy Hospital; and
 - 2.3. other hospitals, health and related services, as determined by the Association;
3. to educate and train:
 - 3.1. medical, nursing, social welfare and pastoral care students at undergraduate, intern and postgraduate level; and
 - 3.2. others engaged in hospital, healthcare and related services on a paid or voluntary basis; and
4. to ensure that all activities of the Association are carried out in keeping with the vision, mission, philosophy and values of the Sisters of Mercy and the teaching of the Roman Catholic Church.

Our services

Mercy Public Hospitals Inc provides acute and subacute hospital care, mental health programs, specialist women's health, early parenting education and support, and palliative care services.

Mercy Hospital for Women

Based in Heidelberg, Victoria the hospital offers obstetric, gynaecology and neonatal services and has one of only four neonatal intensive care units in metropolitan Melbourne. The 55-57 bed unit is made up of neonatal intensive care and special care nurseries.

Mercy Hospital for Women provides the public and privately insured patients care through maternity services, neonatology and paediatrics, peri-operative services, women's health and associated health and support services, diagnostic services and midwifery. It is a major teaching hospital and referral centre with the medical, nursing, midwifery and allied health expertise to treat the most complex obstetric, neonatal and gynaecological cases.

Werribee Mercy Hospital

Werribee Mercy Hospital is a community general hospital providing surgical, medical, maternity, newborn, renal dialysis, emergency, mental health, aged and palliative care services in the south western region of Melbourne. The hospital also provides a range of home based support services including Hospital in the Home, Midwifery in the Home and a Neonatal Transition Service. The Transition Care Program offers rehabilitation and supportive care for older people after a stay in hospital.

Mercy Health O'Connell Family Centre

Mercy Health O'Connell Family Centre is a specialist early parenting centre supporting families of 0-4 year olds across Victoria. The residential, day and community programs provide child focused parenting skills to promote safe child development, and the centre is increasing its supports for vulnerable families including families with mental health issues.

Services include:

- Residential, day and community programs
- Home based parenting education and support
- Cradle to Kinder program
- Playsteps program

Mercy Mental Health

Mercy Mental Health treats people in south west metropolitan Melbourne with severe and complex mental illnesses by providing acute and community based care. Services are available to adults through acute inpatient programs, residential rehabilitation programs, crisis and community recovery focused treatment programs. These services include a perinatal mental health service to women and infants in western Victoria.

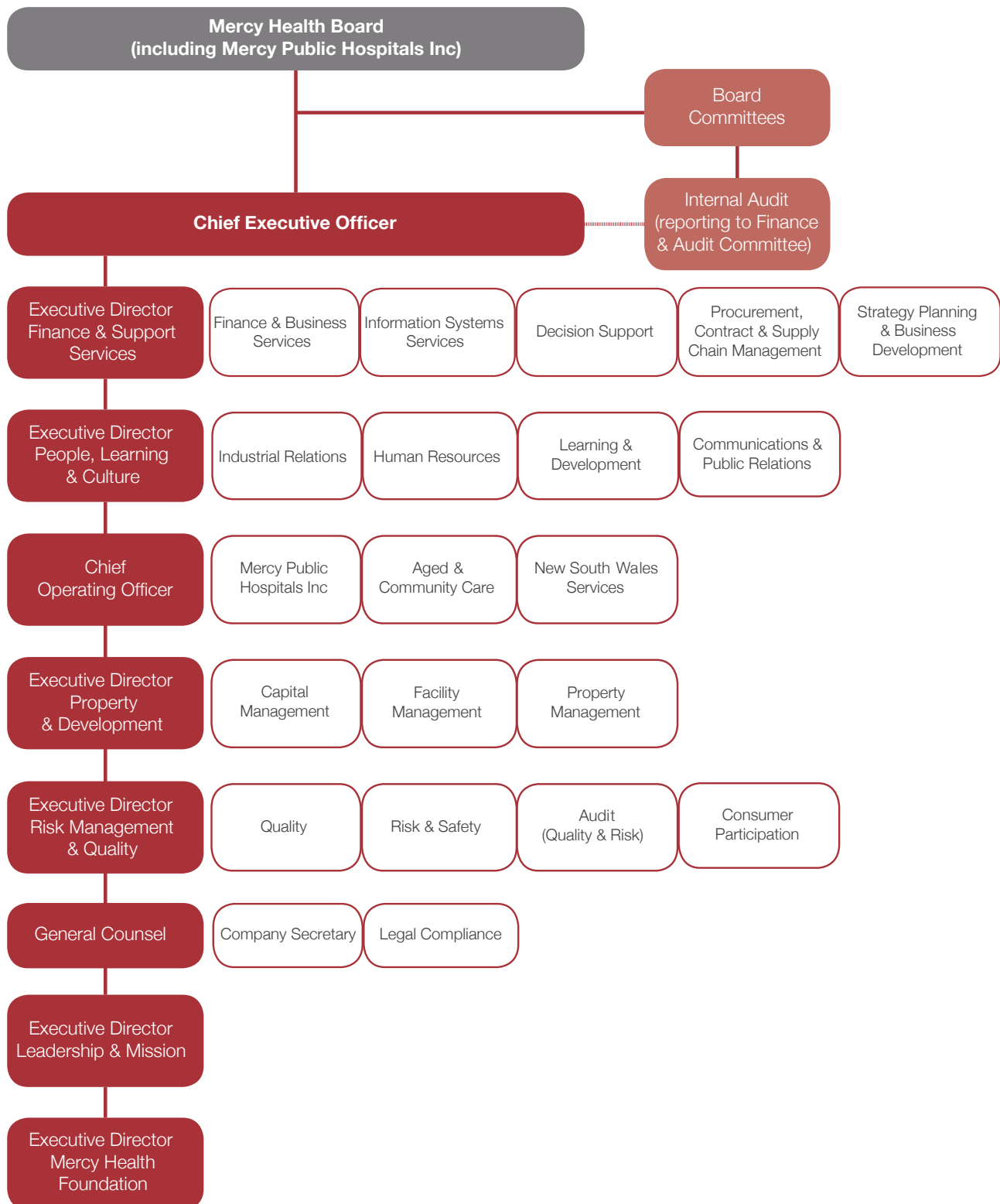
Mercy Palliative Care

While not officially part of Mercy Public Hospitals Inc, Mercy Palliative Care is integrated into Mercy Health's service delivery, eg inpatient palliative care services at Werribee Mercy Hospital.

Mercy Palliative Care and the Royal District Nursing Service work together to provide a professional home based palliative care service that is free to patients, families and carers in the western region of Melbourne.

Counselling, nursing and medical services, allied therapies and pastoral care services are provided to patients, their families and carers. Referral to the program can come from patients, doctors or hospitals, a patient's family or friends, or community agencies.

Organisation structure



Our administrative structure

Board Members

Mercy Public Hospitals Inc Board

- Mr Julien O'Connell AM (Chairman)
- Mr Maurice Bisetto
(ceased term of office 29 November 2012)
- Ms Margaret Bounader
- Ms Virginia Bourke
- Ms Polly Caldw
- Associate Professor Michael Coote
- Mr John Corcoran
- Mr Gerard Dalbosco
- Mr John Moore
- Ms Agnes Sheehan
- Sr Joan Wilson rsm

The Board is supported by five committees.

Board Committee Members

Finance & Audit Committee

- Mr Gerard Dalbosco (Chair)
- Ms Maurice Bisetto
- Mr John Corcoran
- Mr Ray Jacobson
(commenced 7 May 2013)
- Mr John Moore

Ethics Committee

- Sr Helen Monkivitch rsm AO (Chair)
- Dr Frances Baker rsm
- Adjunct Professor Stephen Cornelissen
- Mr John Fogarty
- Dr Genevieve Green
- Ms Kate Hewett
- Ms Mary Klasen
- Dr Linda Mellors
(commenced 7 May 2013)
- Reverend Associate Professor
Cormac Nagle OFM
- Associate Professor Dean Stevenson
- Dr Adrian Thomas

Board Quality Committee

- Associate Professor Michael Coote (Chair)
- Ms Polly Caldw
- Mr Brian Collopy AM
(ceased term of office 17 October 2012)
- Professor Margaret O'Connor AM
- Mr David Parsons

Human Research Ethics Committee

- Professor Janis Ozolins (Chair)
- Ms Wendy Brooks
(commenced 1 June 2013)
- Ms Christine Childs
- Mr Paul Drinkwater
- Mr Kevin Fell
- Ms Geraldine Gray
- Professor Susan McDonald
- Associate Professor Michael McKay
- Dr Linda Mellors
- Sr Helen Monkivitch rsm AO
- Reverend Associate Professor
Cormac Nagle OFM
- Associate Professor David O'Neal
(commenced 1 June 2013)
- Professor Michael Permezel
- Ms Susan Phillips
- Associate Professor Stephen Tong
(commenced 1 June 2013)
- Professor Susan Walker
- Dr Andrew Watkins

Corporate Governance Remuneration and Nomination Committee

- Mr Julien O'Connell AM (Chair)
- Ms Virginia Bourke
- Mr John Moore

Executive Group

Chief Executive Officer

Adjunct Professor Stephen Cornelissen

Adj Prof Cornelissen assumed the role of Chief Executive Officer, Mercy Health on 1 July 2011. He is responsible for the overall leadership, direction and operational performance of Mercy Health, including Mercy Public Hospitals Inc. Adj Prof Cornelissen has 25 years' experience in the health industry in Australia and New Zealand. He holds a Master in Health Administration from the University of New South Wales and a Bachelor of Nursing from Deakin University. Adj Prof Cornelissen is a director on a number of peak bodies, including Catholic Health Australia, Aged & Community Services Australia and the Committee for Wyndham.

Executive Director

Finance & Support Services

Mr Tony Goad

Mr Goad was appointed Executive Director Finance & Support Services for Mercy Health in June 2011. In this role he is also responsible for the organisation's overall financial performance. Mr Goad has approximately 18 years' experience in the health industry as an Associate Director of a healthcare consultancy firm and was the Chief Financial Officer and Chief Information Officer of the Southern Health Care Network during the late 1990s. Prior to this Mr Goad undertook various executive and consulting roles within banking and merchant banking for more than 12 years.

Chief Operating Officer

Mr John Fogarty

Mr Fogarty was the Chief Operating Officer, Mercy Health from October 2011 and resigned in June 2013. He was responsible for oversight of Mercy Health's clinical and service operations, including Mercy Hospital for Women and Werribee Mercy Hospital. Over the past 20 years he has held a range of senior positions within the public, private-for-profit and not-for-profit healthcare sectors in Australia.

Executive Director People, Learning & Culture

Ms Kate McCormack FAHRI

Ms McCormack is responsible for the development and implementation of the overall Group Human Resources Strategy and provides strategic advice to the Chief Executive Officer and Executive Group. She is also responsible for Communications, Marketing and Events Management, and Mercy Health Training Institute. Ms McCormack has over 20 years' experience in Human Resources and holds a Master of Business in Industrial Relations and Human Resource Management from RMIT University/Grenoble Ecole de Management France. She has been instrumental in developing Mercy Health's Employer of Choice Strategy.

Executive Director Property & Infrastructure

Mr Ray Kelleher

Mr Kelleher has been with Mercy Health since June 2011 and in April 2013 moved into the role of Executive Director Property & Infrastructure. Mr Kelleher is responsible for new developments and acquisitions, leasing, and all facilities management and engineering functions across Mercy Health's portfolio. He has considerable experience across the property field covering the health and aged care sectors. In addition to his role at Mercy Health Mr Kelleher sits on a portfolio committee of the Facilities Management Association of Australia. Up until April 2013, Mr Renn Starcic was Executive Director Property & Infrastructure and was responsible for property development, property services and facility management for Mercy Health.

Executive Director
Risk Management & Quality
Ms Kerry Shearer

Ms Shearer has worked for Mercy Health for over 10 years in senior management roles. As Executive Director she provides overall leadership and direction across Mercy Health's risk and quality management programs. This includes overall responsibility for risk and clinical governance, insurance, workplace safety, emergency management and consumer participation. Ms Shearer has represented the private health and not-for-profit sectors on various government committees. She has spent over 20 years in the health industry and delivered many conference papers on the subject of organisational resilience.

Executive Director Leadership & Mission
Sr Helen Monkivitch rsm AO

Sr Helen is responsible for Mercy Health's leadership development and mission, and brings a wealth of experience in health and aged care, mission and ethics. Sr Helen was CEO and Sister Administrator of Mercy Hospital for Women 1984-95 and CEO 1986-88. She holds a Master of Health Planning from the University of New South Wales, a Bachelor of Arts from Swinburne Institute of Technology and a Diploma of Nursing Administration from Lincoln Institute of Health Sciences. Sr Helen was a member of the congregational leadership team of the Sisters of Mercy Melbourne 1994-2000 and a member of several Boards of Governance. Sr Helen is a member of the Cabrini Patient Experience and Clinical Governance Committee.

Executive Director Mercy Health Foundation
Mr Gavan Woinarski

Mr Woinarski has been the Executive Director of Mercy Health Foundation since 2008 and is responsible for securing donations and philanthropic support which lead to the advancement and improvement of the care we provide to those in need. He has managed major fundraising initiatives in support of projects such as Mercy Health Breastmilk Bank, the Sheila Handbury Chair in Maternal Fetal Medicine and the Chair in Aged Care. Since 2008 Mercy Health Foundation has accumulated a significant endowment, support for major projects and scholarships for Mercy Health employees.

General Counsel
Dr Simon Cooke

Dr Cooke provides a range of advisory services to Mercy Health on health law, medical negligence and professional conduct, freedom of information and the Victorian Charter of Human Rights and Responsibilities. He reviews contracts, service agreements, funding agreements and clinical trial agreements. He also advises on the governance of bodies incorporated under the Health Services Act 1988 (Vic), Corporations Act 2001 (Cth), Associations Incorporation Act 1981 (Vic) and other acts. Dr Cooke has many years' experience within the legal system and worked as a policy officer for the Victorian Department of Human Services.

Mercy Health Strategic Plan 2013-17

Our key focus will continue to be responding to the current and emerging needs of the communities we serve, with an emphasis on partnering with individuals and their carers to provide compassionate and responsive care and improving the health outcomes for the vulnerable and disadvantaged.

The objectives in this strategic plan focus on Mercy Health's commitment to maintain and build on our position as a quality provider of health, aged and community services, and stewarding the resources entrusted to us by the Sisters of Mercy, the Federal and State Government and other stakeholders.

Our strategic themes

Our strategic themes bring together our mission, vision and values and set the broad parameters for the organisation's development into the future.

- Respond to the current and emerging needs of those in health, aged and community care
- Build on our faith base as a Catholic provider in the tradition of the Sisters of Mercy
- Nurture our culture and passion for serving and partnering with those in need
- Develop and manage our resources to support the sustainable delivery of our mission

Strategic objectives

Our strategic objectives have been developed to provide guidance to Mercy Health in achieving its strategic themes. The associated key directions outline the main priorities Mercy Health will focus on between 2013 and 2017.

1. Strengthen our position as an efficient, effective and responsive provider of public health services.
2. Expand our residential aged care and community services through targeted growth.
3. Build our organisational capability with particular focus on innovation in the areas of organisational culture, quality and safety, attraction and retention of our workforce, and efficient resource utilisation.
4. Advocate for the disadvantaged and influence policy in the areas of health, aged and community care.
5. Support research, teaching, training and employee development that will translate into improved outcomes for whom we care.
6. Improve consistency and coordination of services within Mercy Health and develop collaborative partnerships which benefit those we serve.

2012-13 Statement of Priorities

| Priority | Action | Deliverable | Outcome |
|--|--|--|---|
| Developing a system that is responsive to people's needs | Align service mix and distribution to address the health needs of the local population | Realign service profile to ensure that MPHl operates within its funding allocation | Completed |
| | In partnership with other local providers apply existing service capability frameworks to maximise the use of available resources across the catchment | Work with the Department to enable Werribee Mercy Hospital to treat higher acuity patients and provide a wider range of services to its catchment | In progress <i>Working party established with key stakeholders including representation from the Department of Health</i> <i>Implementation to be staged from caring for the deteriorating patient to establishing a high dependency unit</i> |
| | | Work with the Department to increase local access to public maternity services provided at Werribee Mercy Hospital in the short term with an aim to increase births at this site by 10% during 2012-13 | In progress <i>Planning increase of 20 per cent in 2013-14</i> |
| | | Develop and endorse a plan for future critical care services at Werribee Mercy Hospital. | In progress <i>Working party established and background data reviewed</i> <i>Business case in development</i> |

| Priority | Action | Deliverable | Outcome |
|--|---|--|--|
| Developing a system that is responsive to people's needs <i>continued</i> | | <p>Improve relationships and develop agreements with other providers of public services to ensure that collaborative service models are in place for the western region of Melbourne</p> <p>Establish additional formal arrangements for transfer of high acuity patients from Werribee Mercy Hospital to tertiary service providers</p> | <p>In progress</p> <p><i>Establishing strong links with Western Health and St Vincent's Melbourne for the commissioning of a subacute unit</i></p> <p><i>MPHI staff involved in a range of collaborative groups such as Better Health Plan for the West to develop relationships and improve service delivery</i></p> <p>In progress</p> <p><i>Creating an escalation procedure</i></p> <p><i>Formalising MOUs with specialist centres</i></p> |
| Improving every Victorian's health status and experiences | <p>Identify service users who are vulnerable to poor health, and develop interventions that improve their outcomes relative to other groups.</p> <p>Improve health knowledge and support informed choice by responding to the health information needs of service users</p> | <p>Open additional acute mental health beds at Banksia Unit</p> <p>Work actively with the new Mercy Health Community Advisory Committee to review specific services within MPHI during 2012-13</p> | <p>In progress</p> <p><i>Opening delayed until December 2014</i></p> <p>Completed</p> |

2012-13 Statement of Priorities cont'd

| Priority | Action | Deliverable | Outcome |
|---|---|---|--|
| Improving every Victorian's health status and experiences <i>continued</i> | | Incorporate consumer feedback from surveys, complaints and compliments into service improvement, review and design initiatives | In progress <i>Mercy Health is undertaking an audit and review of cultural responsiveness and the use of interpreters at Werribee Mercy Hospital to identify opportunities to increase the use of interpreters and make services more culturally responsive</i> |
| Expanding service, workforce and system capacity | Build workforce capability and flexibility to meet service requirements, and be accountable for supporting the professional education process | Realign services and leadership team across Mercy Public Hospitals Inc to a program model | Completed |
| | Identify opportunities to address workforce gaps by optimising workforce capability and capacity, and exploring alternative workforce models | Implement leadership and coaching program for new Mercy Public Hospitals Inc leadership group | Completed |
| | | Work to introduce/expand junior medical staff profile at Werribee Mercy Hospital | In progress |
| | | Continue to implement changes to the senior medical staffing model to further develop sustainable, accessible and responsive specialist services at Werribee Mercy Hospital | In progress <i>Includes consolidating the staff specialist obstetrics and gynaecology model and planning for a plastic surgeon</i> |

| Priority | Action | Deliverable | Outcome |
|--|--------|---|--|
| Expanding service, workforce and system capacity <i>continued</i> | | Complete the review of the maternity services model of care at Mercy Hospital for Women | Completed |
| | | Achieve RANZCOG training accreditation for Werribee Mercy Hospital | Completed |
| | | Work with tertiary providers to provide an integrated multidisciplinary teaching, training and development centre at Werribee Mercy Hospital | In progress <i>Planning completed</i> <i>Construction commenced</i> |
| | | Implement a dedicated clinical and allied health school at Werribee Mercy Hospital in collaboration with Australian Catholic University and Victoria University | In progress <i>Construction commenced</i> <i>Due for completion early 2014</i> |
| | | Establish a second research and education precinct at Mercy Hospital for Women | Completed |
| | | Restructure management of coordination of the clinical education function across MPHl | Completed |

2012-13 Statement of Priorities cont'd

| Priority | Action | Deliverable | Outcome |
|---|--|--|---|
| Increasing the system's financial sustainability and productivity | Identify opportunities for efficiency and better value service delivery | Further to the <i>Review of funding arrangements of denominational hospitals</i> agree with the State on an appropriate and enduring response to recognising the differences between Denominational Providers of public health services and Public Health Services | In progress <i>This is subject to ongoing discussions with the Victorian Government; however, to ensure ongoing viability service delivery is managed according to available funding</i> |
| | Contain costs through more efficient purchasing of non-clinical services | Align services to funding levels | Completed |
| | Examine and reduce variation in administrative overheads | Implement cost reduction and revenue improvement activities where appropriate | Completed |
| | | Consolidate the internal audit framework | Completed |
| | | Continue to improve reporting and management information systems through the establishment of a data warehouse | Completed |
| | | Review specialist clinics' financial viability in light of Tier 2 changes | In progress <i>All clinics have been mapped from VACs to Tier 2 and risks identified</i> <i>Initial discussions with the Department of Health have been held regarding a model for funding lymphoedma services</i> <i>Clinics to transition to Medicare Benefits Scheme models identified and actioned</i> |
| | | | |

| Priority | Action | Deliverable | Outcome |
|---|---|---|--|
| Increasing the system's financial sustainability and productivity <i>continued</i> | | Continue modernisation of purchasing function and demonstrate savings in contract re-negotiations | Completed |
| | | Realign management team across Mercy Public Hospitals Inc to reduce duplication and variation in service provision | Completed |
| Implementing continuous improvements and innovation | Develop and implement improvement strategies that better support patient flow and the quality and safety of hospital services | Implement the new obstetrics model of care and restructure of Gynaecology at Mercy Hospital for Women | In progress <i>The new model of care is approved</i> <i>Implementation in underway</i> |
| | Develop and implement strategies that support service innovation and redesign | Redesign processes at Werribee Mercy Hospital and Mercy Hospital for Women to improve performance against NEAT and NEST | Work in progress <i>Revision of short stay unit protocols and development of appropriate escalation protocols for long stay patients at Werribee Mercy Hospital</i> <i>Revision of admission pathways for maternity patients at Mercy Hospital for Women</i> |
| | | Undertake a redesign process for medical LOS at Werribee Mercy Hospital | Completed |
| | | Complete gap analysis against new National Standards and implement action plans to address gaps | In progress <i>Accreditation date changed to accommodate new MPH structure</i> <i>Due week commencing 25 August 2014</i> |

2012-13 Statement of Priorities cont'd

| Priority | Action | Deliverable | Outcome |
|---|---|---|---|
| Increasing accountability and transparency | Implement systems that support streamlined approaches to clinical governance at all levels of the organisation | Continue to increase participation of senior medical staff in clinical governance | Completed |
| | Increase transparency and accountability in reporting of accurate and relevant information about the organisation's performance | Reduce variation between mortality and morbidity committees and ensure they meet accepted standards | In progress <i>Developing standardised terms of reference and structures</i> <i>Commencement of new meetings under the new MPHl program structure</i> |
| | | Use data warehouse to improve costing data to ensure that services are provided within funding allocation | In progress <i>Users are being introduced to the system and are starting to access information</i> |
| Improving utilisation of e-health and communications technology | Maximise the use of health ICT infrastructure | Implement an e-learning solution for the delivery of learning, education and development modules for all levels of staff | Completed |
| | | Replace nursery patient information system with a new product using SQL platform and with comprehensive technical support | In progress <i>Funding secured</i> <i>Design completed</i> <i>Project at coding stage</i> <i>Expected delivery date February 2014</i> |
| | | Implement PROMPT for policies, procedures and clinical practice guidelines | Completed |

Highlights for 2012-13

New program structure for Mercy Public Hospitals Inc

After a thorough review, it was decided to move Mercy Public Hospitals Inc's services to a program based structure.

Through this contemporary model Mercy Public Hospitals Inc will be better able to plan and manage services, apply strengths and learnings, and build on relationships with funding bodies and other health providers.

The review focused on how we manage the services we provide and involved changing senior management positions to align with the new program structure. With one exception, all appointments were made from within the existing Mercy Health team.

The new program structure for Mercy Public Hospitals Inc covers:

- Women's and Children's Services
- Surgery and Specialist Services
- Medical, Subacute and Palliative Care Services
- Ambulatory, Allied Health and Community Services
- Mental Health Services

It also includes a Chief Medical Officer and Executive Director of Nursing and Midwifery.

Community engagement

The terms of reference for the Werribee Mercy Hospital Community Advisory Group were reviewed. The aim was to include a broader range of people from the community. Six members were selected. The Community Advisory Group will provide input into quality, safety and patient experiences and will give feedback on the hospital's redevelopment and expansion programs. A more recent initiative was the Community Information Advisors Program. This group of volunteers has been recruited to review publications and give feedback on how print materials can be improved. Mercy Health currently has over 30 reviewers from diverse backgrounds and interests. A "community

reviewed" logo was created to show that people from the community reviewed a publication before it was printed.

Leadership programs

The Executive Leaders Program began in September 2012 and was designed by Mercy Health and HardyGroup International to assist our leaders broaden their leadership knowledge and skills. The focus of the program is to ensure today's leaders are equipped to face the challenge of developing meaningful strategies that can be implemented in complex environments. The Middle Managers Program was facilitated by Mercy Health Training Institute in conjunction with Mercy Health's Organisational Development function. The program supports the development of current and future managers and provides the opportunity for participants to gain valuable leadership skills with a particular focus on the principles of project management, continuous improvement, customer service, communication and teamwork.

Clinical School for Nursing, Werribee Mercy Hospital

Construction has begun on the Mercy Health Clinical School for Nursing based at Werribee Mercy Hospital. This project was made possible through funding made available by Health Workforce Australia and was developed in partnership with Victoria University and Australian Catholic University. The School will offer improved facilities for patient care, workforce training and education, and research. It will include a seminar room, tutorial room/IT lab, clinical skills room, breakout space, administration space, office and small tea room. These areas will accommodate additional clinical educators and the Werribee Mercy Hospital Education Unit. Four bedrooms and living space for short term student accommodation are also included.

Education and research precinct, Mercy Hospital for Women

In October 2012, Mercy Hospital for Women opened the Mercy Education & Research Precinct for staff and researchers. It incorporates

the Midwifery Professorial Unit/Professional Development & Research Unit (Nursing and Midwifery) La Trobe University/Mercy Hospital for Women. This refurbished space will be used for research by our clinical workforce and to develop educational programs in midwifery, women's health and neonatal nursing.

Rehabilitation and Geriatric Medicine Service, Werribee Mercy Hospital

This development will see an expansion of Werribee Mercy Hospital's community rehabilitation services. It will offer 10 new beds for rehabilitation patients and 10 new beds for older patients requiring geriatric care and assessment. This is a first for the hospital and the local community.

Increased funding for mental health, Werribee Mercy Hospital

In April 2013, the Victorian Government announced it would commit \$34.7 million in the 2013-14 budget for a new mental health unit to be built at Werribee Mercy Hospital. The funding will cover the cost to replace the existing 29 bed mental health wing of Werribee Mercy Hospital with a new facility comprising 50 adult inpatient mental health beds, including 10 high dependency unit beds plus four psychiatric assessment and planning unit beds. Not only will the new unit provide for a state-of-the-art care environment, but it will result in mental health patients spending less time waiting in the hospital's Emergency Department for a vacant bed and, equally important, community clients will have greater access to inpatient treatment programs when they require it.

Modernising the purchasing function

The consolidation of contracts and the supplier base continues and there has been improvements to overall consistency and efficiency. A key vendor list was developed and published on Mercy Health's intranet. Group Procurement implemented the new Medical Products Request Procedure to streamline the supply of medical consumables and improve compliance. An improved ordering process enables facilities to consolidate orders and reduce

freight cost. Several strategic sourcing projects were undertaken with good outcomes, eg non-emergency patient transport services with improved online booking and significant cost reduction.

Data warehouse

This project has been achieved and users are now accessing the system.

E-learning

E-learning modules have been completed for Orientation, Infection Control, Emergency Procedures, Work Health and Safety, and Diversity & Equity and can be accessed through Mercy Health's intranet.

PROMPT

A key project this year was the implementation of a document management system to improve accessibility and control of policies, procedures, clinical guidelines and protocols. The document management system, PROMPT, provides full text search within documents and automated review notifications to the author of policies, procedures, clinical guidelines and protocols to ensure the most up to date version is available.

Awards

- Equal Opportunity for Women in the Workplace Agency's (EOWA) Employer of Choice citation
- Minister for Health Volunteer Awards 2013 – Outstanding Achievement by a Volunteer Team – Mercy Palliative Care Volunteer Equipment Delivery Team
- Dr Tu'uhevaha Kaitu'u-Lino: 2012 Tall Poppy Science Award for Medical Research into Women's Health


Finalists

- AHRI (Australian Human Resources Institute) Awards 2012: The Lynda Gratton Manager of the Year: Dr Linda Mellors, Executive Director Mercy Public Hospitals Inc
- AHRI Diversity Awards 2013 – RUOK? Day Workplace Award

Performance priorities

Attestation

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.



Mr Julien O'Connell AM
Chairman, Mercy Public Hospitals Incorporated

6 August 2013

Financial performance

| Operating Result | Target | 2012-13 actuals |
|-------------------------------|----------|-----------------|
| Annual Operating result (\$m) | \$0.700m | \$3.64m |

| WIES activity performance | Target | 2012-13 actuals |
|---|--------|-----------------|
| Percentage of WIES (public and private) performance to target | 100 | 98.45 |

| Cash management | | |
|-----------------|----------|-------|
| Creditors | <60 days | 18 |
| Debtors | <60 days | 60.37 |

Access performance

| Emergency Care | Target | Mercy Hospital for Women actuals | Werribee Mercy Hospital actuals |
|--|---------------|---|--|
| Percentage of ambulance transfers within 40 minutes | 90 | 96 | 84 |
| NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours (July – December 2012) | 70 | 80 | 68 |
| NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours (January – June 2013) | 75 | 80 | 71 |
| Number of patients with length of stay in the emergency department greater than 24 hours | 0 | 0 | 264 |
| Percentage of Triage Category 1 emergency patients seen immediately | 100 | 100 | 100 |
| Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times | 80 | 82 | 70 |

| Elective Surgery | Target | MPHI actuals |
|--|---------------|-------------------------|
| Percentage of Urgency Category 1 elective patients treated within 30 days | 100 | 100 |
| NEST – Percentage of Urgency Category 2 elective surgery patients treated within 90 days (July – December 2012) | 75 | 94 |
| NEST – Percentage of Urgency Category 2 elective surgery patients treated within 90 days (January – June 2013) | 80 | 95 |
| NEST – Percentage of Urgency Category 3 elective surgery patients treated within 365 days (July – December 2012) | 93 | 100 |
| NEST – Percentage of Urgency Category 3 elective surgery patients treated within 365 days (January – June 2013) | 94.5 | 99 |
| Number of patients on the elective surgery waiting list | 1,115 | 841 |
| Number of Hospital Initiated Postponements per 100 scheduled admissions | 8 | 6 |

Note: waiting list as at 30 June 2013

Service Performance

| Elective Surgery | Target | MPHI actuals |
|--|---------------|-------------------------|
| Number of patients admitted from the elective surgery waiting list - quarter 1 | 1,597 | 1,522 |
| Number of patients admitted from the elective surgery waiting list - quarter 2 | 1,436 | 1,396 |
| Number of patients admitted from the elective surgery waiting list - quarter 3 | 1,368 | 1,193 |
| Number of patients admitted from the elective surgery waiting list - quarter 4 | 1,437 | 1,540 |

| Critical Care | Target | MPHI actuals |
|---|---------------|-------------------------|
| Number of days operating below agreed Neonatal ICU minimum operating capacity | 0 | 27 |

| Quality and Safety | Target | MPHI actuals |
|--|-----------------|---------------|
| Health service accreditation | Full compliance | Achieved |
| Residential aged care accreditation | Full compliance | Achieved |
| Cleaning standards | Full compliance | Achieved |
| Submission of data to VICNISS | Full compliance | Achieved |
| Hospital acquired infection surveillance | No outliers | Not achieved* |
| Hand Hygiene (rate) | 70 | Achieved |
| Victorian Patient Satisfaction Monitor (OCI) | 73 | Achieved |
| SAB rate per occupied bed days | 2/10,000 | 0.3 |
| Consumer Participation Indicator | 75 | Achieved |

| Maternity | Target | MPHI actuals |
|--|--------|--------------|
| Percentage of women with prearranged postnatal home care | 100 | 100 |

| Mental Health | Target | MPHI actuals |
|--|-----------|--------------|
| 28 day readmission rate – percentage | 14 | 8 |
| Post-discharge follow-up rate – percentage | 75 | 66 |
| Seclusion rate per occupied bed days | <20/1,000 | 17 |

**Pertained to caesarian sections. A thorough investigation of all cases was undertaken by the infection control consultants and the local obstetric team. The majority of the infections were associated with significant risks such as diabetes and/or emergency procedures. There was nothing noted on investigation as being a significant contributor; however, it was noted the Werribee Mercy Hospital infections occurred during a period of increased activity and reduced obstetric coverage.*

Activity and funding

| Funding type | MPHI actuals |
|--|--------------|
| Acute Admitted | |
| WIES Public | 27,239 |
| WIES Private | 4,326 |
| Total PPWIES (Public and Private) | 31,565 |
| WIES Renal | 620 |
| WIES DVA | 175 |
| WIES TAC | 0 |
| WIES TOTAL | 32,360 |
| Subacute Admitted | |
| Palliative Care Public | 3,909 |
| Palliative Care DVA | 103 |
| Subacute Non-admitted | |
| Transition care – Bed days | 1,626 |
| Transition care – Home days | 1,060 |
| Mental Health and Drug Services | |
| Mental Health Inpatient | 13,056 |
| Primary Health | |
| Community Health / Primary Care Programs | 658 |

Our workforce

Mercy Public Hospitals Inc is committed to ensuring the recruitment and selection of a highly skilled workforce through a fair, equitable and transparent process. All decisions relating to recruitment and selection are based on merit. As such, recruitment and selection decisions are based on matching the applicant's skills,

experience and qualifications to the selection criteria for the position. Mercy Public Hospitals Inc is committed to ensuring that the recruitment and selection process is consistently applied, results in the appointment of high calibre employees and satisfies equal opportunity principles and obligations.

| Category | 2012 (June month) | 2013 (June month) | 2012 (June year to date) | 2013 (June year to date) |
|-----------------------------|----------------------|----------------------|-----------------------------|-----------------------------|
| Administrative and clerical | 171.1 | 169.3 | 168.9 | 165.2 |
| Ancillary support services | 80.0 | 85.7 | 79.3 | 86.9 |
| Hospital medical officers | 109.7 | 112.0 | 101.5 | 109.3 |
| Hotel and allied | 127.7 | 110.4 | 126.5 | 114.3 |
| Medical officers | 19.6 | 21.1 | 19.3 | 21.0 |
| Medical support services | 62.7 | 68.3 | 64.7 | 61.7 |
| Nurses | 925.0 | 940.6 | 915.8 | 923.5 |
| Sessional clinicians | 51.0 | 65.6 | 48.2 | 62.4 |
| Total | 1,546.7 | 1,573.2 | 1,524.2 | 1,544.4 |

Reporting procedures

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

The Independent Broad-based
Anti-corruption Commission

Phone: 1300 735 135

Fax: (03) 8635 6444

Post: IBAC, GPO Box 24234, Melbourne,
Victoria 3000

Website: www.ibac.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.

National Competition Policy

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

The Building Act 1993

Mercy Public Hospitals Inc 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 2012-13, no contracts that required disclosure under the Victorian Industry Participation Policy Act 2003 were started or completed.

Disclosure Requirements (FRD 10)

Mercy Public Hospitals Inc works within the Financial Reporting Directions and statutory disclosure requirements. All disclosures applicable under Australian Accounting Standards are independently audited.

Work Health and Safety

Mercy Public Hospitals Inc is committed to ensuring the health, safety and welfare of its workers, patients, residents, clients, visitors and others who may be affected by its operations. A four year plan has been developed to improve our Work Health and Safety systems, communication and to focus on our major hazards.

Work health and safety incidents have been tracked over the past five years. Assault/aggression incidents are our highest reported work health and safety incident. Manual handling injuries continue to be the predominant WorkCover claim. Advisory groups have been established to implement best practice controls to manage occupational violence and manual handling hazards. As our population continues to get physically larger, healthcare professionals face significant challenges with equipment, furniture and space. Two rooms are being built as part of the new development at Werribee Mercy Hospital to manage patients over 200 kilograms. Slip/trip fall incidents have been increasing over the past three years in health services. Changes to cleaning processes and workplace inspection schedules have been implemented to work towards a decrease in these incidents.

Risk Management

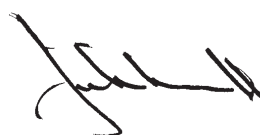
Mercy Public Hospitals Inc has an open, transparent and risk aware culture. An enterprise risk program is in place and endorsed by the Mercy Health Board. We recognise that effective risk management is critical to achieving the organisation's objectives and protecting the people we care for and the people we employ. An organisational risk control effectiveness audit was undertaken by the Head of Internal Audit and Risk Assurance audit in March 2013. The Risk Management Plan for 2013-14 includes measures to further enhance the operation of the risk management program. Operational risk registers are maintained throughout the business with a consolidated risk report provided twice a year to the Mercy Health Board. In addition, the strategic risk register is monitored on an ongoing basis.

Carers Recognition Act 2012

Mercy Health recognises, promotes and values the role of carers. Support groups and information sessions are made available through Mercy Palliative Care, eg the "Carer's Own Information Session". This initiative provides carers with the opportunity to reach out to other carers in a safe environment.

Attestation

I, Julien O'Connell, certify that the 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 executive to understand, manage and satisfactorily control risk exposures. The Finance and Audit Committee verifies this assurance and that the risk profile of the Mercy Public Hospitals Inc has been critically reviewed within the last 12 months.



Mr Julien O'Connell AM
Chairman, Mercy Public Hospitals Incorporated

6 August 2013

Mercy Public Hospitals Inc is not a Public Sector Agency as defined under the 2011-12 Financial Report for the State of Victoria (Note 40, page 202) and is therefore not required to attest to Ministerial Direction 4.5.5.1 – Insurance.

| Consultants engaged | Project details | Total project fees approved | Total project fees incurred | Future commitments |
|------------------------------|--|-----------------------------|-----------------------------|--------------------|
| The Leadership Sphere | Facilitation, design and delivery of Leadership Development Program | \$38,854 | \$38,854 | \$0 |
| Gunai Advisory & Consultancy | Facilitation, design and delivery of a two day Cultural Competency Program | \$12,700 | \$12,700 | \$0 |

There were no consultancies costing less than \$10,000.

Freedom of information

The *Freedom of Information Act 1982* allows the public a right of access to documents held by Mercy Public Hospitals Inc. For the 12 months ending 30 June 2013, Mercy Public Hospitals Inc received 368 applications.

Of the applications received by Mercy Public Hospitals Inc, access was granted in full for 313, access was granted in part for eight [under sections 33(1), 33(1c) and 38 of the Act] and access was denied for three [under sections 33(1) and 33(1c) of the Act]. A total of 44 applications were withdrawn, not proceeded with or had not been finalised at 30 June 2013. No requests went to internal review and none progressed to the appeal stage.

Making a request

Access to documents may be obtained through written request to the Freedom of Information Manager, as detailed in section 17 of the *Freedom of Information Act 1982*. In summary, the requirements for making a request are:

- The application should be made in writing
- The application should identify as clearly as possible which document is being requested
- The application should be accompanied by the appropriate application fee. The fee may be waived in certain circumstances.

Freedom of Information fact sheets and an access request form are available on the *Your Rights* section of the *Patient Information* page of the *Hospital, Clinical & Mental Health Services* tab of the Mercy Health website at www.mercyhealth.com.au. Requests for documents in possession of Mercy Public Hospitals Inc should be addressed to the relevant facility/service.

Freedom of Information Officer

Mercy Hospital for Women

Health Information Services
163 Studley Road
Heidelberg Victoria 3084

Freedom of Information Officer

Werribee Mercy Hospital

Health Information Services
300 Princes Highway
Werribee Victoria 3030

Freedom of Information Officer

Mercy Health O'Connell Family Centre

Health Information Services
6 Mont Albert Road
Canterbury Victoria 3126

Freedom of Information Officer

Mercy Public Hospitals Inc

Level 2, 12 Shelley Street
Richmond Victoria 3121

Access charges may also apply once documents have been processed and a decision on access is made, eg photocopying and search and retrieval charges.

Further information regarding Freedom on Information can be found at www.foi.gov.au.

Research

Research, teaching, training and employee development are key elements of Mercy Health's long term plan. More detail on our research and development activity is available in the *2012 Mercy Health Research and Development Report*.

Scientists, clinicians, educators and allied health professionals across our organisation conduct research to improve the care we provide to people in hospital, in aged care and in the community.

Some of our researchers lead well established research groups that are involved in international collaborative projects and others are just beginning their careers in this area.

We thank them all for their dedication to improving health outcomes for the vulnerable and disadvantaged.

Some highlights include:

- Mercy Pregnancy and Emotional Wellbeing Study

This pregnancy cohort study recruited approximately 300 first time mothers in 2012 and, in the first phase of the study, will follow them until their children are two years of age. The study is based at Mercy Hospital for Women and has been developed by a multidisciplinary team of researchers in mental health, child development, paediatrics and neonatology, genetics, epigenetics and endocrinology. There are many complex transitions and interactions of a psychological and biological nature that occur for a pregnant woman. These include hormonal changes and changes in the way women think about becoming a mother and the way they reflect on their own experiences as a child. The study will examine these changes across pregnancy, childbirth and in the early years. The research team will examine many of the areas of most concern to new mothers such as breastfeeding, infant and maternal sleeping patterns and how the unique relationship between a mother and her baby develops over pregnancy and into the postpartum period.

- Australian Placental Transfusion Study

A team of researchers, midwives, doctors and patients at Mercy Hospital for Women are participating in the Australian Placental Transfusion Study – a project that could change the way premature babies are cared for at birth. Current medical practice dictates that when a baby is born, its umbilical cord is clamped and cut and the baby is quickly held up to show the mother or placed on the mother's chest so bonding can begin. For premature babies the process is fairly similar, though these babies can go on to develop a number of difficult conditions and health concerns. This study is very important as it may improve health outcomes for premature babies. A few small studies have been done in this area, but this is the first time the long term effects of deferred cord clamping will be recorded.

- The Translational Obstetrics Group, The University of Melbourne/Mercy Hospital for Women, is researching medication based treatments that can replace surgery for life threatening ectopic pregnancies. A phase II study was rolled out in 2012 to test whether a new medical therapy could treat ectopic pregnancies of any size. The trial is an international study with three recruitment sites: Mercy Hospital for Women, Monash Medical Centre and Royal Infirmary of Edinburgh.
- Dr Tu'uhevaha Kaitu'u-Lino is a Postdoctoral Fellow in the Translational Obstetrics Group at Mercy Hospital for Women. She received a National Health and Medical Research Council "New Investigator" grant (2013-15) to fund ongoing research into the biology of pre-eclampsia.

Our researchers regularly present at conferences and are published nationally and internationally, including:

- Gynaecologic Investigation, San Diego CA, USA, 2012
- International Society for the Study of Hypertension in Pregnancy, Geneva, Switzerland, 2012
- MRC Centre for Reproductive Health, Edinburgh, Scotland, 2012
- SGI 59th Annual Scientific Meeting, San Diego CA, USA, 2012
- 13th Annual Congress of the Asia Pacific Association for Gynecologic Endoscopy and Minimally Invasive Therapy, Pataya, Thailand, 2012
- Mongolian Association of Gynecological Surgery and Endoscopy, Ulaanbaatar, Mongolia, 2012
- 8th Urogynecology and Pelvic Floor Reconstructive Surgery Symposium, Beijing University, China, 2012
- 16th Annual Congress of The Perinatal Society of Australia and New Zealand and the Federation of Asia-Oceania Perinatal Society, Sydney, New South Wales, 2012

- 4th National Paediatric Bioethics Seminar, Royal Children's Hospital, Melbourne, Victoria, 2012
- European Congress of Neuropsychopharmacology, Vienna, Austria, 2012
- International Lymphoedema Framework Conference, Montpellier, France, 2012

The Human Research Ethics Committee, Mercy Health operates to ensure that research projects, studies or clinical trials conducted within Mercy Health are undertaken within the guidelines of the 2007 National Statement on Ethical Conduct in Human Research, the Catholic Health Australia guidelines, the Victorian Managed Insurance Authority guidelines for clinical trials and the Health Privacy Principles of the Health Records Act 2001 (Victoria). The committee reports to the Mercy Health Board, National Health and Medical Research Council, and Health Services Commissioner. All research projects, studies or trials conducted within Mercy Health must first be approved by this committee.

Professional achievements

Integral to all our research, teaching and training is the commitment our people make to their own development, their industry and each other. Many staff have achieved great success and we congratulate them all, including:

- Professor Michael Permezel who was appointed President Elect of the Eighth RANZCOG Council of 2012-2014
- Peter Maher, gynaecologist, who was made clinical professor of The University of Melbourne, Department of Endosurgery at Mercy Hospital for Women



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