



Mercy Health

Care first



Care first:

The Mercy Health Aged and
Community Care Quality Account

2016/17



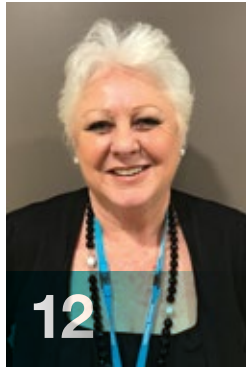
Community
Reviewed

Making
information
easier
to read.

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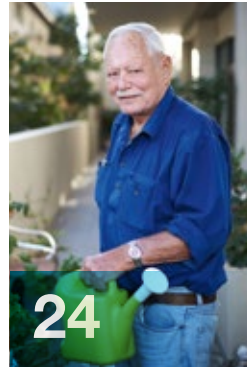
**A real
old-school
gentleman**



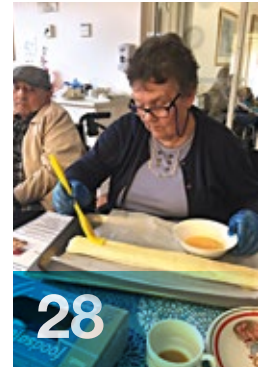
**In her own
words: Cheryl
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**Celebrating
our Aboriginal
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Welcome to *Care first: the Mercy Health Aged and Community Care Quality Account 2016/17*

On behalf of the staff, Board and Executive of Mercy Health, we are proud to present the inaugural *Care first: Mercy Health Aged and Community Care Quality Account 2016/17*. We are immensely proud of the high-quality and person-centred care provided every day in our residential aged care homes and home and community care services.

At Mercy Health we believe that delivering person-centred care is critical to ensuring the preferences, needs and values of our residents and clients are respected. This belief aligns closely with our Catholic mission and values, and underpins our commitment to providing compassionate care to all people. Feeling valued, independent, empowered, socially connected and safe is a right that all residents and clients deserve.

Our culture of continuous improvement drives us to learn and grow from previous experiences and apply best practice to the care we provide. Within this report, we hope to share with you a snapshot of some of the ways we have worked with our residents, clients, communities and staff to offer the very best care possible. In 2016/17, we:

- surveyed our clients and residents to find out about their experiences and learn what we can do to improve our care and services
- continued to value and develop the special relationships between our staff and their clients and residents
- recognised and celebrated the history, culture and achievements of Aboriginal and Torres Strait Islander people during NAIDOC Week
- launched the Mercy Health Innovation Fund bucket list program to enable our aged care residents to do some of the things they have always wanted to do
- participated in research and initiatives to prevent and manage pain, explore consumer-directed care in the residential aged care setting, and improve staff influenza vaccination rates
- developed an online incident and feedback notification system in Home & Community Care
- piloted and implemented small household living in aged care, which provides individual care to residents within small households
- piloted virtual reality experiences in Home & Community Care to increase social interaction and reduce isolation and boredom.

Every year we welcome more people in need and every year we renew our efforts to improve the care we offer them. In the often-quoted words of our Foundress Catherine McAuley, “We must never say, ‘It is enough’”. As our community continues to grow and diversify, we will evolve with it to meet people where they are, with the very best care we can give.



From left to right: **Mr Kevin Mercer** Chief Executive Aged and Community Care, **Adjunct Professor Stephen Cornelissen** Group Chief Executive Officer and **Ms Clare Grieveson** Group Executive Director, Quality, Risk & Service Improvement

**We welcome your feedback
on this year's report and your
own stories**

Email story@mercy.com.au to share your thoughts about this report or to share your journey with Mercy Health.

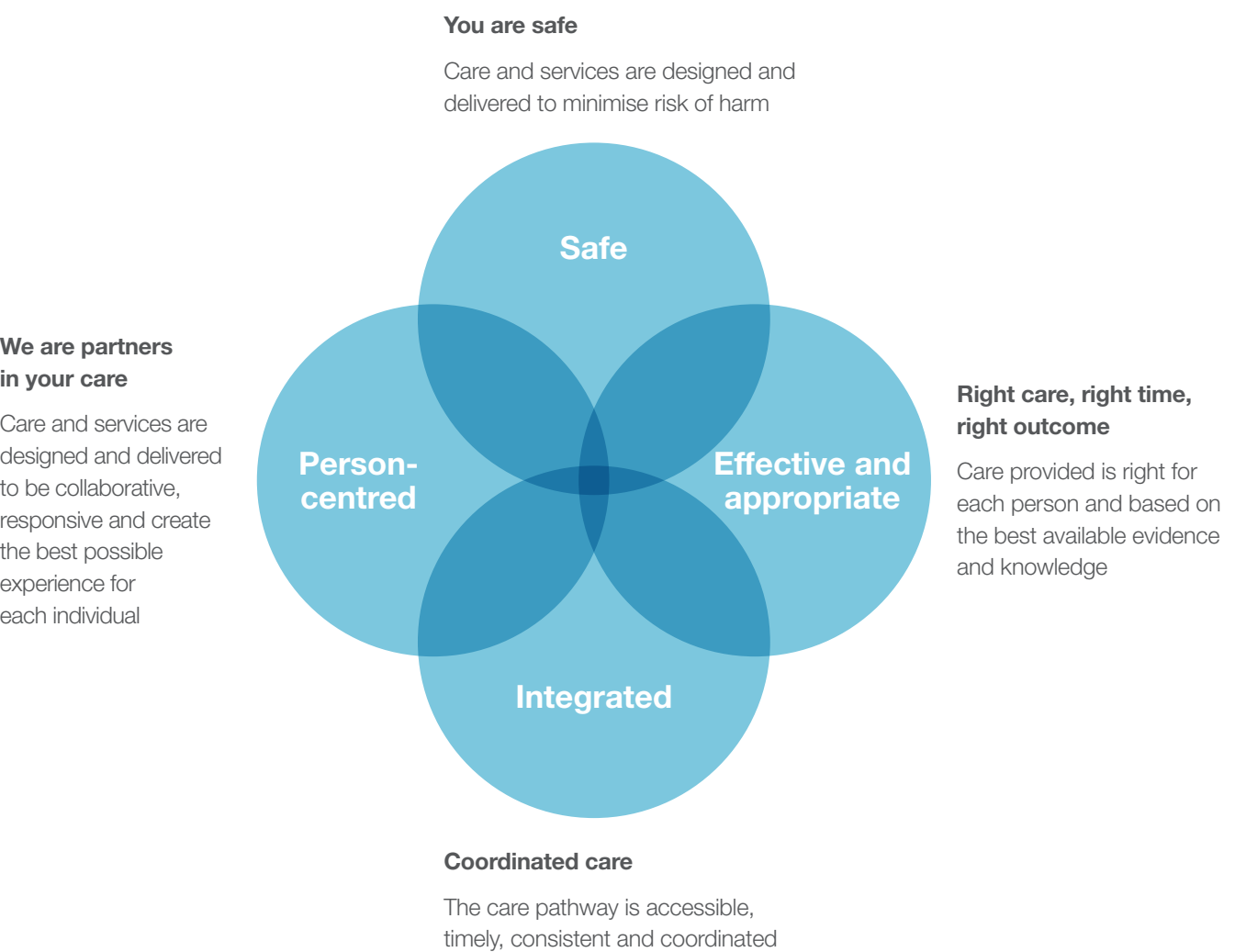
Quality at Mercy Health

Mercy Health’s motto of ‘care first’ encapsulates our commitment to delivering safe and high-quality care for every person, every time.

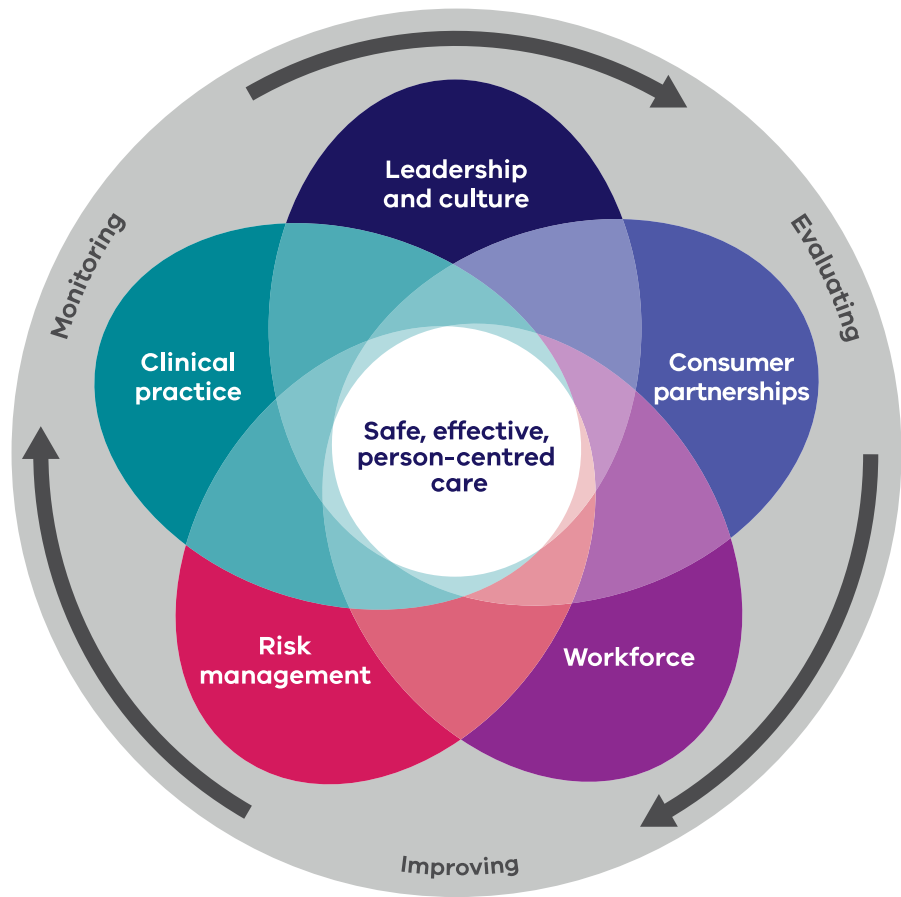
Everyone at Mercy Health plays a part in ensuring our patients, clients and residents receive care in a person-centred system that truly values each person as a human being, acknowledging their experience and ensuring they feel well cared for, safe and respected. By committing to ‘care first’ at Mercy Health, we ensure the care and services designed and delivered are collaborative, responsive and create the best possible experience for each individual, in line

with our mission, vision and values. Here, we describe the quality framework that enables Mercy Health to continuously improve in order to put every person’s care first.

Mercy Health has identified four quality goals that help us deliver the best possible care (see diagram below). Our quality framework is applied differently across our various services. In Aged and Community Care, first and foremost it is important to ensure our residents and clients have a person-centred experience. If, however, they do require access to clinical care or services these must be safe and of the highest quality.



Our quality goals are enhanced by clinical governance systems adapted from the *Delivering High-Quality Healthcare – Victorian Clinical Governance Framework (2017)*. Pictured are the five domains that support staff to achieve our quality goals.



Quality at Mercy Health is achieved by **pillars** supporting **people** to achieve a **purpose**, which is to provide each person for whom we care with the best quality care and experience.

Purpose	The Mercy Health care experience is person-centred, responsive, integrated, safe and effective
People	Mercy Health people are compassionate, respectful, empathetic, skilled, informed, proactive and accountable
Pillars	Mercy Health's purpose and people are supported by our worthy mission, goals and strategies; bold leadership and culture; as well as standards (see below), evidence, policy, systems and resources.

Quality and safety are driven by a strong organisational culture and we are all responsible for ensuring high-quality care. In addition to individual roles and responsibilities, we have structures, systems, processes and committees in place to address key issues and embed safety, quality and risk management into daily business. Mercy Health uses the National Safety and Quality Health Service Standards, Aged Care Standards, Home Care Standards, National Standards

for Disability Services, Human Services Standards and other accreditation requirements to support quality care.

We seek to provide 'care first' for every person, every time. This report, which was developed in partnership with those we serve, is just one important way we can demonstrate how we aspire to make every day the best possible for all those who receive care and services at Mercy Health.

Who we are

Our mission, vision and values

Compassion / Hospitality / Respect / Innovation / Stewardship / Teamwork

Our values are the key to who we are. They reflect our culture and traditions.

They indicate our aspirations and how we interact with one another and with those we serve, so that we achieve our vision and are faithful to our mission.

Our mission

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

Our vision

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

Our values

The behaviours that guide our interactions with each other and those we serve: compassion, hospitality, respect, innovation, stewardship, teamwork.

How we serve our community



During the course of 2016/17, we cared for **2,760** people in **22** residential aged care homes



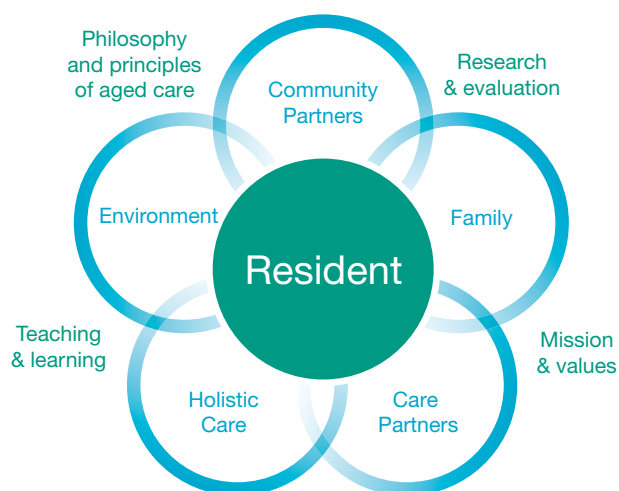
We cared for **3,123** people in Home & Community Care

310 people lived in our independent living units



Our models of care

Our models of care guide the way in which we support and empower our residents and clients to live well, the way they choose.



Our model of residential aged care aims to ensure our residents have the best day possible, each and every day. We empower people to continue to actively participate in life, maintaining their independence and social connections to friends, family and community. As depicted in the above diagram, residents are at the centre of their care and we partner with them, families and loved ones to nurture individual health, emotional, social and spiritual wellbeing.



Our model of Home & Community Care expands on the Mercy Health motto 'care first'. We respect our clients as individuals with a unique life story, needs and preferences. Our goal is to empower clients to continue their own life journey — their way.

The above diagram depicts the four key concepts of 'care first': collaboration, approach, respect and equality.

Where we are

In 2016/17, prior to our merger with Southern Cross Care (Vic), Mercy Health had 22 residential aged care homes across Victoria, New South Wales, Queensland and Western Australia. We had 371 independent living units and apartments in Victoria, Western Australia and Queensland, co-located with our residential aged care homes. We partnered with 3,123 Home & Community Care clients in Victoria, New South Wales, Australian Capital Territory and Queensland at all stages of life to support their unique needs in their own home.



Putting people first



Barry and Community Care Worker Wendy Smith

A real old-school gentleman

Barry and Barbara* from Young, New South Wales, met when they were four years old at Sunday School. They married in 1969, had two sons and created a lifetime full of wonderful memories.

However, things have changed for Barry, now aged 79. He was diagnosed with dementia in 2010. Since then, he has gradually lost his ability to speak. In December 2016 his condition advanced, so much so that his three-year-old great-niece noticed, asking: "Why is his face so sad?"

Having worked in aged care for over 20 years, Barbara is no stranger to providing and managing care. However, over time she realised they needed additional help. In early 2017 support services were put in place through Mercy Health's Home & Community Care office in Young. Barry is now receiving regular support with his personal care needs through his community care workers, Helen McDonald and Wendy Smith.

According to Helen, Barry looks forward to the visits from his community care workers. It helps him stay socially

connected and mentally stimulated. Through their visits, Helen and Wendy have built a great rapport with Barry. Barry has developed a special goodbye routine with the community care workers who come into his home.

"When I went to leave after my very first shift with the family, Barry went and got my phone, my glasses and my keys," Helen recalls. "Barb couldn't believe it! He walked me to my car, stood there and waved until my car was out of sight."

But the gratitude didn't stop there, says Helen. "I said to Barb at the next visit, 'let's see if he remembers it, if he does it next time'. And he did!"

"Barry is a real old-school gentleman. It's beautiful and you feel appreciated," Helen says. "Somehow you can see in his eyes that he understands, even though he can't answer."

"The care workers are absolute angels," says Barbara. "One of the most valuable things is the fact it is the same people coming in on a regular schedule. They are cheerful, kind, courteous, respectful and appreciated by the family."

*Surname withheld.



Mercy Place Montrose residents enjoying a stroll

Resident voices matter

At Mercy Health Aged Care, we value the ideas and opinions of residents and their loved ones. One way we listen is through our yearly Resident Rights Survey, which is carried out at all our aged care homes. Every resident has an opportunity to complete the survey and their family or representative is also given a copy. In 2016/17, 583 residents and 538 relatives or representatives participated in our third Resident Rights Survey (please note we changed from calendar year to financial year in 2015).

The 2016/17 key findings included:

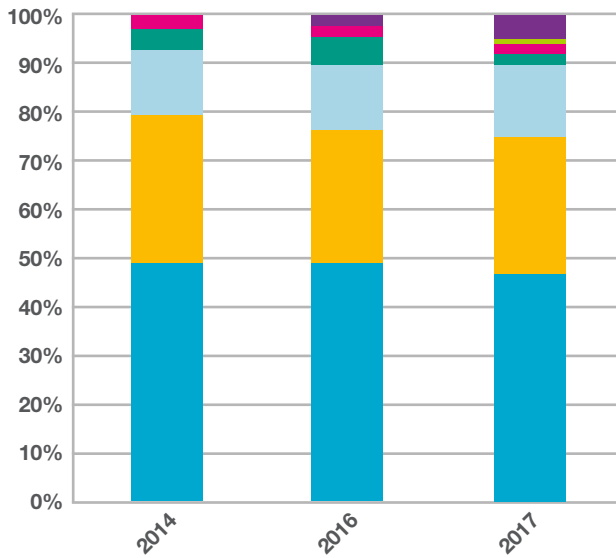
- more than 70 per cent of residents and almost 80 per cent of relatives felt their complaint would be taken seriously
- a continuing increase in the number of residents who say that their privacy, dignity and decision-making is always respected.



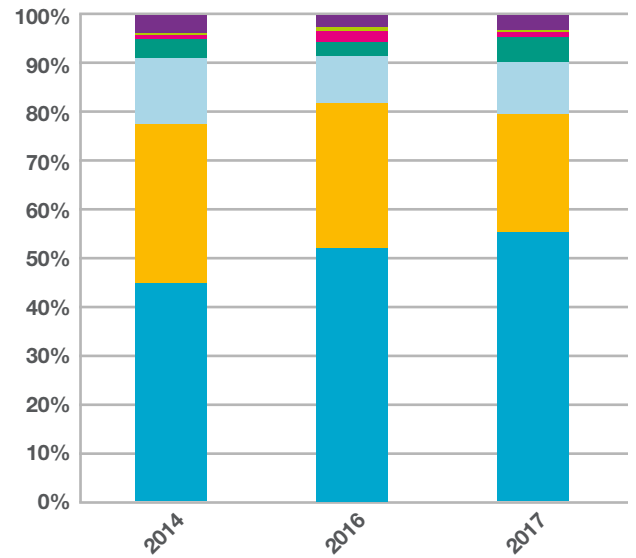
Did you know?

All Australian aged care homes must undergo regular assessment against the Aged Care Accreditation Standards to ensure they are providing quality, safe care to their residents. All Mercy Health homes are fully accredited.

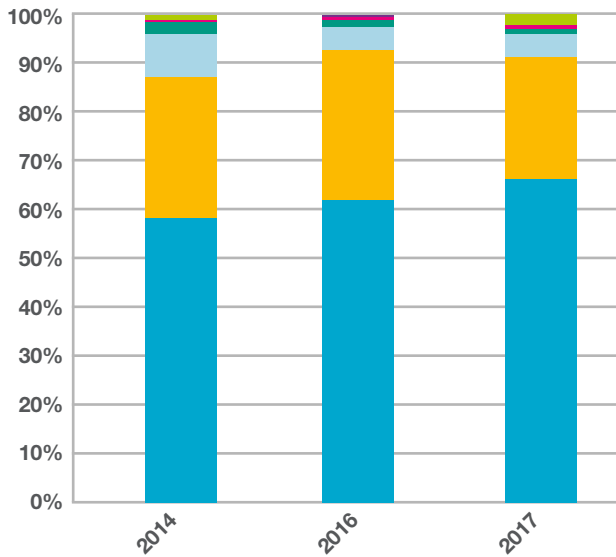
Residents: Complaints are taken seriously



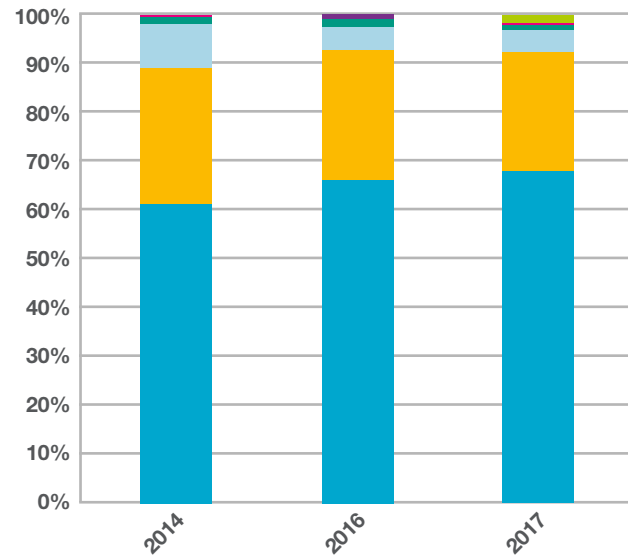
Relatives: Complaints are taken seriously



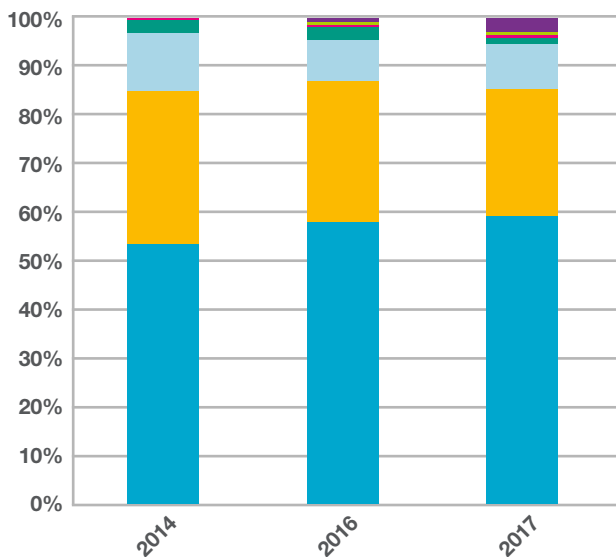
Residents: Privacy is respected



Residents: Dignity is respected



Residents: Decision-making is respected



Key



Breaking the ice with hip-hop



Community Care Worker Welcome Ndlovu demonstrates some hip-hop moves for client Jenny Patterson

Hip-hop dancing was the last thing 72-year-old Jenny Patterson expected to enjoy when she was recuperating from medical treatment at home. But an unlikely friendship sprang from the urban dance style after Jenny sought the services of Mercy Health Home & Community Care in Canberra, Australian Capital Territory, to support her recovery. Her Community Care Worker is African-born teenager Welcome Ndlovu.

Jenny, whose condition requires her to use an oxygen tank, was under doctor's orders to rest and minimise movement during her treatment. So 19-year-old Welcome's weekly visits lifted her spirits as he cleaned the home and entertained her with his wit — and dance moves.

As the pair got to know each other, Jenny learned about Welcome's interests and hobbies. Initially surprised he was not into sport, Jenny was delighted when the energetic teenager put on a dance performance just for her.

"I asked him if he was interested in sport, but he told me he preferred hip-hop. So I asked him for a demo," recalls Jenny.


She admits she will not be joining Welcome on the dancefloor any time soon but Jenny says she will always be grateful for his generous spirit and talents. The care Welcome offers goes above and beyond cleaning work and she enjoys their regular conversations.

"He would come in and clean and is always friendly... I would offer him a drink as he was leaving and have a chat," says Jenny.

Though from vastly different backgrounds and generations, Jenny and Welcome enjoy each other's company and differences and have shared a few things along the way — including an appreciation of hip-hop!



Community Care Worker Welcome Ndlovu with client Jenny Patterson

A portrait of Cheryl Markham, a woman with short, wavy white hair, smiling warmly at the camera. She is wearing a black top and a blue lanyard with a badge around her neck. The background is a plain, light-colored wall.

“ I am very proud to be part
of such a wonderful team ”
– Cheryl Markham

In her own words:

Cheryl Markham, pastoral care volunteer at Mercy Place East Melbourne

Hi, my name is Cheryl and I have recently graduated as a Pastoral Carer. I began my work experience at Mercy Place East Melbourne in February 2016. I have enjoyed the experience so much that I have been volunteering at least two days of 5.5–6 hours a week. What appealed to me is the dedication of the workers, whether in the office administration side or those on the floor. I have been in aged care for about 20 years now and I acknowledge and appreciate the enthusiasm that these people bring to Mercy Place East Melbourne.

I have gotten to know most of the residents within Mercy Place East Melbourne and they have certainly accepted me as part of their care team. Many staff and residents went out of their way to encourage and support me while I was doing my course. I have been very much treated as part of the group and I am very proud to be part of such a wonderful team.

I have spent some time doing karaoke in the past with some of the residents and even though I have a voice

that encourages others to sing (they know they couldn't possibly sound as bad as me), they tell me they love me coming and joining in with them. One of the residents, who speaks very little, when we karaoke together, she actually sings along to the chorus and the smile on her face could light up a room. It makes me almost float the rest of the day and keeps me coming back for more.

While I have recently been employed by Mercy Place Fernhill and don't know everyone as yet, I see the same enthusiasm from the staff that is prevalent at Mercy Place East Melbourne.

Within my pastoral care growth, I have seen how the staff and residents have embraced my role and are happy to ask for visits and appreciate the time I spend with them. Just this afternoon I had one resident say to me that she didn't know what everyone would do without pastoral care. Staff are very happy to approach me on both their behalf and residents'.

Home is where the family is

Daphne Huckel is a very determined 102-year-old woman living in Temora, New South Wales. In 2000, Daphne, her late husband, her brother and sister designed three townhouses which were built on the family land at Temora.

“It was like a little family commune,” Ian Huckel, Daphne’s stepson, recalls. “At one point we had a family member living in each house.” While Daphne’s niece now lives in the second townhouse, the third townhouse was sold. But there is no moving Daphne from her home.

On the cusp of turning 103, Daphne has every intention of seeing out her days in her own home. But with deteriorating vision and hearing, Daphne’s goal is threatened by the obstacles of old age.

“Company is what she yearns for... she can’t read or watch much TV anymore. But she enjoys people,” says Ian.

While most of Daphne’s family members have passed away or live far from Temora, she has found comfort and joy in a new family — her Mercy Health family.

“My sister and I are extremely grateful to everyone concerned with Daphne’s welfare, especially people from Mercy Health who continually demonstrate the difference between a job and a vocation,” says Ian.

Community care workers from Mercy Health Home & Community Care Young visit Daphne twice a day, providing housekeeping, shopping, assistance with personal care needs and plenty of chatter.

Although Daphne is extremely hard of hearing, Community Care Worker Jenny Lynch says that the visits are what Daphne looks forward to most.

“I absolutely love Daph... anyone who goes there knows Daph has got this magnetic aura about her,” says Jenny. “She is a remarkable woman.”

“I get so absorbed in Daph’s stories. She loves to re-live and talk about the golden days. And she talks because I’m interested — as with any client — I ask about her,” says Jenny.

According to Jenny, the care team are made to feel like they are truly part of Daphne’s family.

“The family invited us all to Daph’s 100th, 101st and 102nd birthday parties. They are appreciative of what we do. They make us feel included,” Jenny says.



Daphne Huckel with a picture of her grandchild



Did you know?

All home and community care services delivering Australian Government-funded programs must undergo regular assessment against the Home Care Standards to ensure they are providing quality, safe care to their clients. All relevant Mercy Health services are fully accredited. Mercy Health is also a registered and accredited National Disability Insurance Scheme provider and a recipient of SAI Global’s Five Tick certification mark.



Positive feedback in Home & Community Care

In March–April 2017, Mercy Health Home & Community Care asked 100 clients and 33 family members to participate in an important survey about their experience. We were extremely pleased by their insightful and overwhelmingly positive feedback.

Colmar Brunton, the independent market research company that conducted the review, said the clients and their family members were ‘extremely grateful and delighted’ with the services. ‘Mercy Health are felt to go above and beyond what is expected of them,’ the report read.

The overall satisfaction was 9.3 out of 10 (clients) and 8.8 out of 10 (family members).

How clients and families rated Mercy Health Home & Community Care (out of 10)

Statement	Clients	Family members
Mercy Health treats me with respect	9.6	9.1
Mercy Health makes my life easier	9.2	8.8
When I have a query or problem, Mercy Health staff listen and take ownership of resolving it for me	9.1	8.6
Mercy Health has a positive impact on my life	9.0	8.7
Mercy Health helps me maintain or improve the quality of my life	9.0	8.5
Mercy Health’s services are flexible to life’s changes	9.0	8.7
Mercy Health makes my life more enjoyable	8.9	8.1
Mercy Health looks out for my best interests	8.9	8.4
Mercy Health helps enrich my life	8.6	8.0
Mercy Health proactively finds new ways to help me	8.5	7.7



“We were delighted to learn that nearly all our clients and their family members believe Mercy Health Home & Community Care services made a noticeable, positive impact on their lives”

— Mercy Health Home & Community Care
Operations Director Amanda Bowe

We also asked how likely the clients and family members were to recommend Mercy Health to friends or family. The responses were used to calculate what is known as a 'net promoter score' — a score used to gauge client loyalty. Scores can range from -100 to 100. Our scores of +73 (clients) and +61 (family members) were among the highest Colmar Brunton had ever seen.

How does Mercy Health's net promoter score compare?

Mercy Health Home & Community Care (clients)	+73
Mercy Health Home & Community Care (family members)	+61
Airlines	+27
Health insurance companies	+9
Electricity companies	-3



Next steps

Because positive client and family member experience is important to us, Mercy Health Home & Community Care will continue to make improvements such as:

- updating our website and brochures to include more of what our clients want to see and hear
- more proactive communication, including regularly checking in with clients and their family members about services

- smaller and more localised teams for each client
- promoting the importance of attention to detail in customer service.

The next round of surveys will be conducted by Colmar Brunton in October 2017. The results of this and future surveys will be used to identify future improvements and ensure our services continue to meet the needs and expectations of our clients and their family members.

Celebrating our Aboriginal and Torres Strait Islander communities

With a large Aboriginal and Torres Strait Islander resident population, Mercy Place Woree in Queensland embraces NAIDOC Week celebrations each year. NAIDOC stands for National Aboriginal and Islander Day Observance Committee. NAIDOC Week, held each year in July, is a time to recognise and celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander People.

In 2017, residents from Mercy Place Woree and Mercy Place Westcourt, also in Queensland, joined other senior Australians for a combined NAIDOC Week event. The residents enjoyed a lovely morning tea and a special performance by various Aboriginal and Torres Strait Islander dance troupes with performers as young as four years old.

One of the groups was the Navy's Indigenous Performance Group Bungaree. Mercy Place Woree resident Walter Auda was so taken with the performance that he got up and joined in alongside the professional dancers. Though they were initially surprised, the performers welcomed Walter into their dance. He was so good, they even invited him to come back and perform with them in the next dance. Walter enjoyed himself so much that when it was time to return home, he wanted to stay and be picked up later that evening. Residents from Mercy Place Woree and Mercy Place Westcourt all delighted in the NAIDOC Week celebrations, with the bar set high for 2018.

Mercy Place Woree was also honoured to host a 'yarning circle' in the first half of 2017, facilitated by lifestyle staff and volunteers. Designed as a space for residents to share their lives and culture through storytelling, staff were able to learn more about the residents we serve. The weekly group attracted a wide audience at the home and schoolchildren also attended some of the sessions during school visits. The popular activity looks set to become a permanent fixture by the end of 2017.

The home enjoys monthly visits from Aboriginal and Torres Strait Islander Pastor Rodney Minniecon and Trish Albert. The pastor hosts singalongs with residents and visits individual residents who cannot leave their room. Aboriginal and Torres Strait Islander storyteller and didgeridoo player Trevor Peckham has also visited Mercy Place Woree with Aboriginal and Torres Strait Islander Warrack Newbury to perform a story about the songline from Cairns to Western Australia.



Mercy Place Woree resident Walter Auda dancing with performers from the Navy's Indigenous Performance Group Bungaree



Front: Bakoi Pilot, Kabay Pilot and Graham Baker
Behind: Colleen Valinoti and Olia Baker



Members of the Navy's Indigenous Performance Group Bungaree



Mercy Place Woree resident Walter Auda joining the Navy's Indigenous Performance Group Bungaree

Achieving the fabulous

Inside Mercy Health's 22 aged care homes, dreams are being made a reality thanks to the Mercy Health Innovation Fund.



Ina Greenwood and Angela Coleman enjoy afternoon tea on the tropical terrace at Mercy Place Westcourt

Residents at Mercy Place Montrose took to the skies in a vintage Tiger Moth plane in May 2017. This experience was thanks to the home's bucket list program — a program made possible through the Innovation Fund.

Lifestyle and Volunteer Manager Karren Gooding said the idea of the bucket list program is to encourage residents to maintain the same hopes and dreams they had before moving into residential aged care. It builds on the Mercy Health model of care, which empowers residents to continue actively participating in life.

"We want our residents to think of residential aged care as the next stage in their journey, where they can continue living a high quality of life," Karren explains.

Resident Eileen McNabb, aged 77, counted down the days until she could fly in the Tiger Moth.

"I love the idea of [flying in] a plane which has been built with so much care and pride," Eileen said before taking off into the skies.

In sunny Cairns, 3,000 kilometres north of Montrose, the Innovation Fund is creating a difference in other ways.

Residents at Mercy Place Westcourt decided to bring the outdoors inside with a tropical terrace — complete with a tea and coffee area for residents and visitors.

"The terrace leading off the lounge had sadly become

neglected," Mercy Place Westcourt Service Manager Angela Cox explains.

"The idea to revamp the area was discussed at the resident and representative meetings with much enthusiasm. A tropical theme was decided to represent the beautiful colours and birds of the north," says Angela.

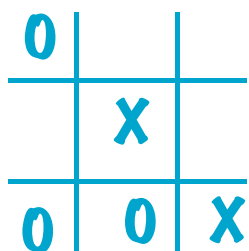
Events are now regularly held there, including 'high tea on the terrace'. Residents also enjoy having a unique place to bring their friends and family.

"It's a very relaxing place where [my daughter and I] can enjoy a cuppa together, especially on weekends," says resident Ina Greenwood.



Mercy Place Montrose residents Tony Hopkins and Eileen McNabb preparing for their Tiger Moth flight

2017 Innovation Fund initiatives include:



the installation of a large *naughts and crosses game* in the courtyard at Mercy Place Colac (Vic)



purchase of an *adult tricycle* at Mercy Place Mandurah (WA) for enhanced community participation



a flight in a *Tiger Moth plane* for residents at Mercy Place Montrose (Vic)



development of a *tropical garden* at Mercy Place Westcourt (QLD).



A large naughts and crosses game at Mercy Place Colac has brought joy to residents



Resident Ozzie Truman enjoys riding the tricycle around the local reserve in Western Australia. The tricycle encourages residents at Mercy Place Mandurah to be active. Adult tricycles are easy to ride as they are more stable than a bicycle

Continuing to improve

Mercy Health Aged Care is committed to improving resident care through participation in research studies. Here we take a look at some of the projects we have participated in this year. All research conducted in our residential aged care homes is approved by the Mercy Health Human Research Ethics Committee.

Preventing and managing pain

In 2016/17, Mercy Health participated in two research studies focusing on pain, in particular pain for residents who are unable to express their level of discomfort.

A new tool to determine pain

Mercy Health aged care has worked with Curtin University in Western Australia to validate a new pain assessment tool for residents. Currently when a resident is unable to express their discomfort they are assessed using the Abbey Pain Scale, a well-established measurement tool used in healthcare in which staff assess a resident's facial expressions, behaviour, vocalisation and physiological changes to determine pain levels.

The new tool, known as the electronic Pain Assessment Tool (ePAT), was initially developed by Curtin University's Professor Jeffrey Hughes and his team. Now registered as a medical device in Australia and Europe, it is being marketed by Australian company ePAT Technologies Ltd. The tool uses smart devices equipped with facial recognition technology to assess changes in a resident's facial expressions, which may indicate a level of discomfort or pain. ePAT will simplify assessment and remove the element of subjectivity present with the Abbey Pain Scale.

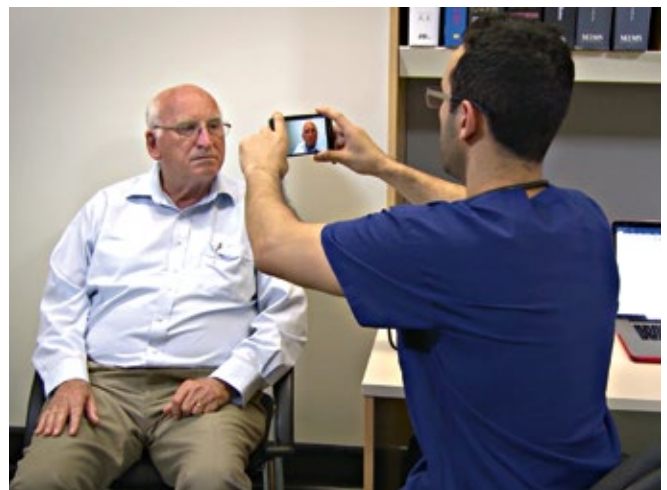
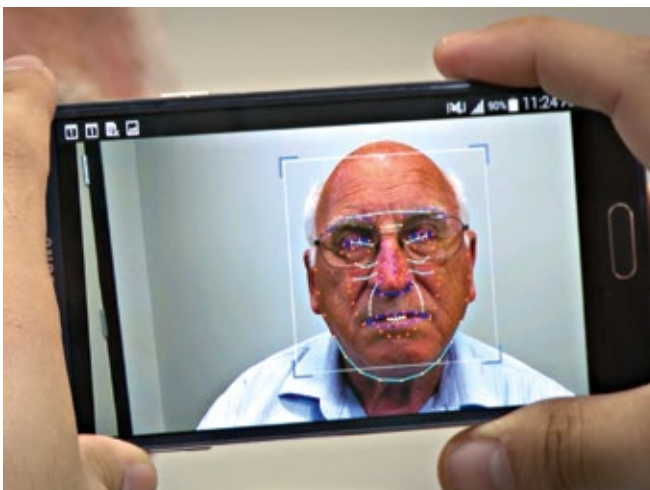
For people unable to express themselves, determining whether they are in pain may one day be as easy as taking a photographic scan of their face. This is a groundbreaking study and its application exceeds well beyond aged care.

Pain-relief medication in residents with dementia

Managing the behavioural and psychological symptoms of dementia is an ongoing challenge in aged care. Current treatments often focus on suppressing behaviours rather than addressing triggers. A common trigger is unrelieved pain, often poorly treated due to difficulties in assessing residents who have lost their ability to express their pain. Mercy Health Aged Care is collaborating with the National Ageing Research Institute in a study to address this issue.

The research will evaluate if regular and effective pain relief medication reduces the frequency of agitation and aggression. The research outcomes will inform future pain management plans for residents with advanced dementia and contribute to improved quality of life for our residents.

The electronic Pain Assessment Tool in action



Protecting residents by improving staff influenza vaccine rates

Aged care residents are vulnerable to seasonal influenza. Even after their own vaccination, they remain susceptible due to their weakened immune system. There are many ways to reduce the risk of influenza outbreaks in our homes, including:

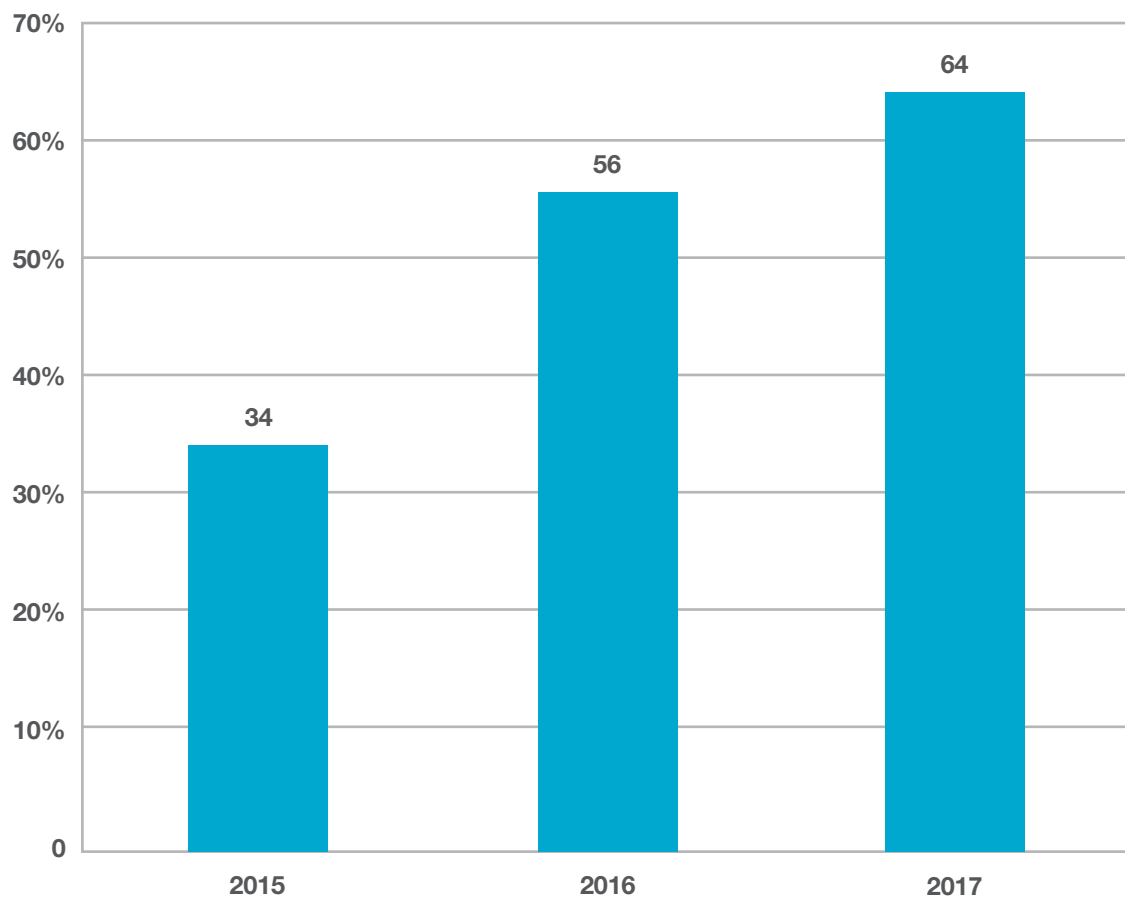
- good hand hygiene
- family and friends avoiding visiting when unwell
- improving the ‘herd immunity’ of staff and visitors.
Herd immunity is defined as the resistance to the spread of a contagious disease within a population that results if a sufficiently high proportion of people are immune to the disease, especially through vaccination.

Over the past two years, Mercy Health Aged Care has been supporting our nurses to become ‘nurse immunisers’. This in turn gives our aged care staff better access to the vaccination program. We have demonstrated that homes with nurse immunisers can have vaccination rates among staff as high as 93 per cent.

Mercy Heath Aged Care strives to achieve ‘herd immunity’ by:

- requesting all general practitioners consent and vaccinate their residents
- offering free influenza vaccinations to all staff and volunteers in April/May each year
- asking all visitors to the home to consider their own vaccine status.

When an outbreak does occur, we work closely with the relevant state’s communicable diseases department or public health unit and the resident’s doctor to minimise the spread and impact of the outbreak on residents.



The percentage of aged care staff who received the influenza vaccine in April/May, by year.

A creative update for incident notification



Mercy Health Home & Community Care Quality Manager Jane Korneyko and Chief Executive Aged and Community Care Kevin Mercer checking out the new online incident and feedback notification system

Mercy Health Home & Community Care has developed a new online incident and feedback notification system. The winning entry in our internal competition to name the system was 'staffFISH', which stands for 'staff Feedback, Incident, Service and Hazard' notification.

The system was developed in early 2017 by Mercy Health staff. The Mercy Health Home & Community Care Quality Manager and the IT Department teamed up to convert hard-copy forms and soft-copy registers into an electronic and automated process that all Mercy Health Home & Community Care staff can access.

The main aim of the project was to provide the Mercy Health Home & Community Care mobile workforce with an easy, timely and accessible way of logging notifications. For staff who spend most days on the road, it is important for them to be able to send a notification directly to their regional office. This provides an opportunity for more efficient and effective monitoring and reporting of client outcomes, thereby improving our customer service to both staff and clients.

staffFISH is being rolled out along with a work mobile phone for all Mercy Health Home & Community Care staff across four states from September to December 2017.

“I tell people I think I’ve died and gone to heaven. I have never been so spoilt in my life. To be able to go and do crosswords with a group is great, and also the knitting group is lovely, as we knit for charity, and then I have the jigsaw on the go as well. What more could I want?”

— Feedback from the 2016/17 Resident Rights Survey (residential aged care)

“Their carers genuinely care about the welfare of my dad, and act in his best interests. I am regularly and fully informed of my dad’s behaviour or moods. He is treated with dignity, respect, warmth and friendship. They treat him like a cared-for human being.”

— Home & Community Care family member

Research into consumer-directed care

Mercy Health Aged Care, in partnership with Mercy Health Foundation and the Institute for Health & Ageing (Australian Catholic University), participated in a pilot study to explore consumer-directed care in the aged care setting. This work builds upon the knowledge of consumer-directed care in the community care sector and explores how this may be applied in the aged care sector. The pilot study began in the last quarter of 2016 and ended in early 2017.

Three Mercy Health residential aged care homes participated in this pilot study including Mercy Place Montrose, Mercy Place East Melbourne and Mercy Place Abbotsford.



Mercy Place East Melbourne resident
Sr Norma Harrison

The pilot study delivered a training program to:

- empower care staff to gather information using the 'resident care form'
- enhance communication of residents' preferences for care, across the whole home
- support organisational change and transformational leadership.

Results from this pilot study demonstrated that training staff in strategies to implement consumer-directed care principles in residential aged care homes can help improve resident wellbeing. This is echoed in our own model of care, which puts the resident at the centre of their care (see page 7).

The preliminary research will be used to inform government on consumer-directed care implementation strategies and highlight the economic costs for homes to be consumer-directed care-ready. Knowledge gained from this pilot study will inform a larger consumer-directed care project being conducted by the Australian Catholic University.



Nurse Practitioner Lisa Dick and Mercy Place
East Melbourne resident Joyce Chaplin

“I love living here, the
staff are all lovely”

— Feedback from the 2016/17
Resident Rights Survey



Mercy Place Abbotsford resident Sr Angela O'Donoghue
having her portrait drawn by artist Peter Wegner,
with Service Manager Karin Woods



Mercy Place Colac resident Sonny (right) and Lifestyle Coordinator Mandy Dawes with one of the home's chickens

Living life your way

A meaningful way of life

We know that introducing a new concept can seem challenging, but we're thrilled to report that two of our Western Australian homes have shown promising outcomes for both staff and residents.

Mercy Health Aged Care piloted small household living at Edgewater Mercy Hostel in Western Australia (WA) from April–July 2016. The pilot was so successful that small household living was not only maintained at Edgewater, it was also extended to include Mercy Place Mont Clare (WA) from November 2016.

Small household living provides individualised care to residents within each household. The approach promotes residents' physical and emotional wellbeing by partnering with them to be involved in meaningful activities. This includes everyday activities such as cooking, cleaning, laundry, personal hygiene, general activity, leisure activities and other general household duties. Key to the success of small household living are the 'care companions' — multi-skilled staff who provide all care, cooking, cleaning and lifestyle needs.

Both homes were evaluated after the first few months to ensure the outcomes were positive for residents and staff, and to understand the impact on both groups. Reduction in the number of falls has been a positive outcome in both homes. This can be attributed to the smaller home, continuity of carers and multi-skilled staff providing comprehensive care and support to residents living in these households.

After 12 months, Edgewater Mercy Hostel staff were interviewed to get a better understanding of the impact of small household living on staff. The overwhelming majority thought the new approach had a positive impact on residents. Their feedback highlighted a more homely feel, stronger relationships, increased resident independence and great food. Most staff described the model as rewarding and fulfilling. In the interviews, staff strongly recommended Edgewater Mercy Hostel as a good place to live. Compared to a traditional nursing home, small household living was seen to increase happiness among residents due to the sense of family and increased choice. All Care Companions interviewed said they would recommend Edgewater Mercy Hostel as a good place to work because the job is rewarding and they enjoy the company of residents and fellow staff.

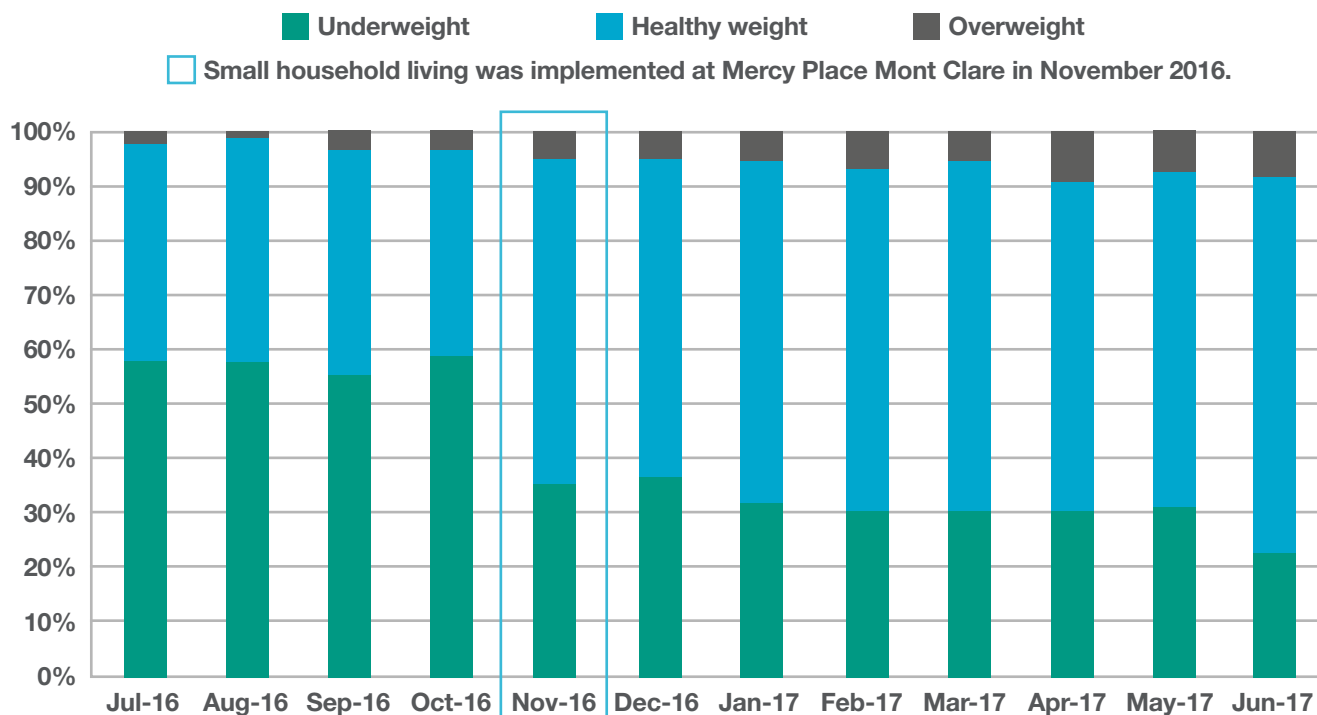
Other positive outcomes were in the areas of weight loss (decreased), behaviours of concern (decreased), depression (improved), engagement in activities (increased) and satisfaction with food (increased).

We are confident that we will see other marked improvements as a result of small household living and we look forward to sharing the results of future evaluation.

- 24%** reduction in number of falls (Mont Clare)
- 35%** reduction in the number of residents who were underweight (Mont Clare) — See graph
- 70%** decrease in the number of anti-psychotic medications prescribed (Edgewater)
- 7%** improvement in behaviours of concern (Mont Clare)
- 15.7%** reduction in number of residents taking anti-depression medication (Edgewater)
- 89%** increase in lifestyle activities reflecting residents' choice (Edgewater)
- 17%** increase in satisfaction with the meal provided (Mont Clare)



Federal Minister for Aged Care and Indigenous Health
The Hon Ken Wyatt, Mercy Health National Director
Residential Aged Care Anita Ghose and Mercy Place
Edgewater resident Roy Grbelja

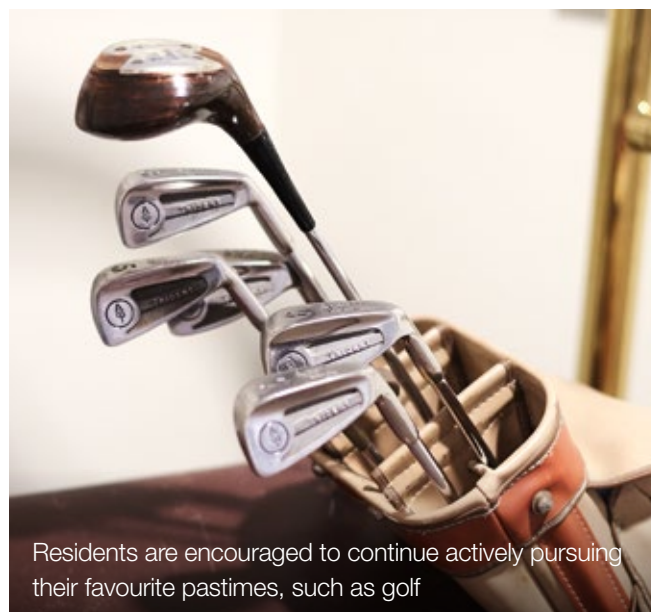


This graph depicts how the introduction of small household living at Mercy Place Mont Clare in November 2016 saw a significant reduction in the number of underweight residents. The home now sits well below the target level of 40 per cent for this group.

The Edgewater Mercy Hostel pilot also provided valuable information about the ability of care staff to adapt and transition into the care companion role. Each staff member was provided with a mobile 'app' to support them to undertake reflective practice and self-monitor their learning gaps and emotions during a significant workplace change. Over the first three months of the project, the data from this app showed:

- care companions were 'happy' 30% of the time
- care companions felt 'fantastic' 24% of the time
- care companions felt 'frustrated' 5% of the time
- care companions felt 'concerned' 8% of the time
- care companions were 'confident' 33% of the time.

The success of our small household living model will continue to inform design principles as we build and develop our homes across Australia.



Out of the ordinary

Stan Elliott is 74 years old and he is swinging over the crowds on the trapeze in a Cirque du Soleil performance. Next he is speeding down the tracks on a high-speed rollercoaster. Then he is visiting Korumburra, where he first lived after migrating from England in 1950.



Stan Elliott getting a thrill out of the VR glasses

These experiences and more are made possible for Stan, and many other Mercy Health Home & Community Care clients, with a set of virtual reality (VR) glasses funded by Mercy Health Foundation.

Community Care Worker Andrew Smith helped set up the innovative VR pilot program and he continues to play a key role in its success.

Andrew says the program is increasing social interaction; reducing isolation and boredom; and enhancing verbal communication. "People come out of their shells and there is joy," says Andrew.

For Stan, the VR glasses give him the chance to relive his days in the circus.

"I used to be a catcher on the trapeze with the Flying Ashtons," Stan recalls. "I started when I was 13 as a circus hand and went on to look after the animals. Then as I got a bit older, a young Merv Ashton asked if I wanted to go on the trapeze."

Stan's wife Robyn says the VR experience is a welcome addition to Stan's Home Care Package, which already covers cleaning, gardening and respite. While Robyn unwinds over a weekly game of tennis, she is happy in the knowledge that Stan is enjoying exciting trips from the comfort and safety of their living room.

Stan's satisfaction with his VR experience is no accident. Andrew takes the time to meet with clients who are interested in a VR experience. He talks to them about their life, carefully noting their interests, previous jobs, likes and dislikes. He then suggests a VR experience based on the reviewed and tested VR content available.

"For the first time, I find the safest and most comfortable VR experience for the client. Often I pick a time from their life when they were very happy, safe and secure. Usually this means visiting the street they grew up on," Andrew says. "Clients are filled with joy and amazement, and then they're ready to try another experience."

From VR trips to Scotland, to helicopter rides over Uluru, to front-row seats at the Los Angeles Philharmonic orchestra, the VR experience goals of each individual are met.

"The program fits in perfectly with our model of care. Firstly, there is innovation. Secondly, there is respect," Andrew says. "The clients choose what they want to see. They have the power to decide and their decisions are respected. They won't be coerced into an experience they are not comfortable with. A VR experience gives them joy, it sparks the imagination, and it connects them."

VR glasses are also available in our residential aged care homes.



Community Care Worker Andrew Smith with the VR glasses

Building lifelong friendships and respect

Two new initiatives at Mercy Place Warrnambool are laying the foundations for lasting friendships at every stage of life.

Staff at our aged care home in western Victoria have introduced a building club run by South West Brick Club, a volunteer organisation from Anglicare Victoria. It encourages youngsters from the local Catholic primary school, St Pius X Parish School, to join residents in creating Lego constructions as part of an activity fostering intergenerational learning and laughter.

“We wanted a project that would be interesting for all age groups and something that they could do together,” says Bev Stutchbury, Lifestyle Coordinator at Mercy Place Warrnambool.

The activity has been a great success with 20 schoolchildren and a dozen residents brightening each other’s days with shared ideas and lighthearted fun.

“We found that everyone was engaged and talking to each other and the men who attended enjoyed building... we noticed that their building skills came back to them,” says Bev.

Neighbouring school Emmanuel College brings an additional layer of comfort and companionship to the Mercy Place Warrnambool residents. Senior students at the secondary school are training to become Extraordinary Ministers of Communion, led by Emmanuel’s Director of Enhancing Catholic Identity and Religious Education John O’Sullivan. This allows them to administer the Holy Eucharist to aged care residents and other people attending Mass.

The pupils are involved in the school’s Young Vinnies program, an initiative launched by the St Vincent de Paul Society to reach out to those in need. They have enjoyed the interaction with residents and visit monthly as part of their community service.

“One student who recently took Communion to our residents has since been in touch with me and would like to come every week,” says Mercy Place Warrnambool Pastoral Care Coordinator Felicity Barker. She acknowledges that the interaction benefits everyone involved, regardless of age. “Our residents are blessed to have such caring students willing to be part of their lives and bridge the gap between the generations,” adds Felicity.



Mercy Place Warrnambool resident Lexi McMurrick with students Paige Lenehan, 8, and Tyi Brown, 10



Mercy Place Warrnambool resident Annette Brebner receives Communion from Emmanuel College student Louise Tamar

Cooking up a storm

Residents at Mercy Place Lathlain have taken over the kitchen to prepare meals they know and love, and to try some new recipes. Every Tuesday morning the home's chef Mahisha Premaratne works with residents to prepare a wide range of food including sushi, lasagne and casseroles. Some of the residents have even shared their own traditional or family recipes, such as delicious quiche.

The cooking with residents initiative began as a trial with chef Mahisha. After a few weeks and lots of positive feedback from residents, it was rolled out on a bigger scale to involve more people. The residents now enjoy eating meals they have prepared themselves, and breaking bread with staff. One resident said, "I feel like I am cooking for my family again".

Mercy Place Lathlain Service Manager Surabh Nair said giving residents the run of the kitchen helped them feel right at home. "They are happy and feel valued when their traditional recipe is tried and liked by everyone," Surabh says.

A big fan of TV cooking shows, resident Jackie Royal cannot wait to try the recipes herself. "I like that we can get in there and do something," Jackie says.

“I feel quite safe at all times. I am quite contented at Mercy Place. We are well cared for by all members of staff. I feel that we aged people are very fortunate to have a facility such as Mercy Place to take care of us as the years go by. My grateful thanks to the management and staff for their caring.”

— Feedback from the 2016/17 Resident Rights Survey



Cooking-show fan Jackie Royal at Mercy Place Lathlain

Our community

Paying tribute to Shepparton

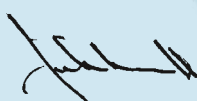
In June 2017, our Shepparton community was hit by tragedy when a road accident in Ardmona claimed the lives of three beloved aged care residents: Doreen 'Ella' Emanuelli, Theresa Tyndall and Valerie McCubbin. Others were injured and traumatised in the accident, and shockwaves of grief were felt throughout the entire Mercy Health community.

Here, we respectfully pay tribute to those who left us too soon. At an emotional memorial service in July, Mrs Emanuelli was remembered for the way in which she befriended another resident; Mrs Tyndall was remembered for her regular attendance at church services; and Mrs McCubbin was remembered as a dignified woman who kept her room spotless. The unique qualities of these women demonstrate the value of relationships, faith and independence at every stage of life.

We also extend our love and prayers to those who continue to carry the shock and sadness of the event, including residents, family, friends, staff and volunteers. We acknowledge your pain and suffering, and we stand shoulder-to-shoulder with you on your road to recovery. In the weeks, months and years ahead we offer you solace and healing among friends, fellow residents and colleagues at Mercy Health.



Adjunct Professor Stephen
Cornelissen, Group Chief
Executive Officer



Mr Julien O'Connell AM,
Chairman



Mercy Place Shepparton Pastoral Carer Anthony Kilmartin (centre) with residents Jerry Sexton and Patricia Keath enjoying the company of Bindi the dog

Pastoral care and support

The launch of the *National Guidelines for Spiritual Care in Aged Care* in 2016 gave renewed focus to the importance of spiritual care and upholding the rights of older people to express their spirituality in a way that is meaningful to them.

Pastoral carers working in Mercy Health residential aged care homes seek to nurture the spiritual wellbeing of all residents, regardless of whether the resident identifies with a particular religious tradition. Soon after a resident moves into a home the pastoral carer works with them to develop a Spiritual Care Plan. This reflects the resident's religion and religious practices (if relevant) and other spiritual needs the resident may have. A Spiritual Care Plan includes strategies to support the resident to help them meet their religious or spiritual needs.

Spiritual needs can include or address:

- emotional issues around transition into aged care
- dealing with grief and loss associated with ageing
- facing a spiritual crisis such as loss of faith in God or loss of meaning and purpose in life
- wishing to nurture relationships that give meaning and enjoyment to life, for example family, nature, God, significant others, community, music, the arts
- a desire to find meaning in one's past life to affirm self-worth, identity and uniqueness
- a need to maintain familiar religious practices such as sacraments, prayer or meditation
- wanting to talk about end of life and dying
- openness to exploring new forms of spiritual wellbeing.



Mercy Place Westcourt Pastoral Carer Martin Dean with resident Kath Cowan enjoying the reverie harp

While pastoral carers have a ‘specialist’ role, all staff in residential aged care can play a role in meeting the spiritual needs of residents. The level of knowledge and skills relating to spiritual care aligns with a staff member’s role and responsibility:

- **All staff** help provide spiritual care by recognising and responding to spiritual needs; helping nurture the relationships that are important in a resident’s life; and referring to pastoral care staff as required.
- **Pastoral care** staff are trained to provide spiritual assessment and care planning; facilitate spiritual support, rituals and ceremonies; facilitate faith-specific support; and respond to referrals.
- **Faith chaplains** are authorised to provide faith-specific care, religious rites and rituals and refer to pastoral care and aged care staff as required.

“Inspired by Catherine McAuley, Foundress of the Sisters of Mercy, we strive to meet all ‘with peace and ease’.”



Did you know?

A generous donation from the late Betty Amsden AO enabled Mercy Health Foundation to purchase 18 reverie harps for our aged care homes. The harps are used to support emotional and spiritual care for residents, families and staff.

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Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders past, present and emerging. This report was produced on Wurundjeri Country.



Mercy Health
Care first

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