

“God’s world is a world where everyone feels responsible for the other, for the good of the other.”

Pope Francis



Mercy Health

Care first



Arabic
Interpreter



African
Liaison



Nurse



Obstetrician



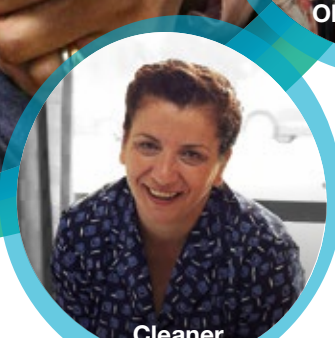
Social
Worker



Food
Services



Dietitian



Cleaner



Mercy Health

Quality of Care Report

2014/15



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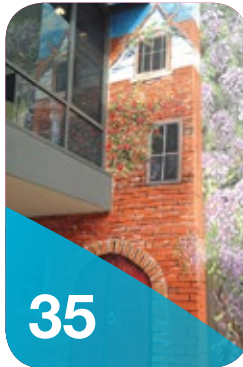
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Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders both past and present.

This report was produced on Wurundjeri Country.



Community Reviewed

Making information easier to read.

Welcome to Mercy Health's Quality of Care Report 2014/15

On behalf of Mercy health's Board of Directors and our dedicated people, we are proud to present our *Quality of Care Report 2014/15*. The purpose of this report is to present a snapshot of our work this year to enhance our safe, high-quality and inclusive care for the communities we serve.

That is both our mission and our privilege, and is the reason we have a strong clinical governance and quality system to guide every part of our organisation's work. The system ensures we can continuously monitor, review and improve our care by:

- setting out what high-quality care and services look like at Mercy Health
- outlining and working towards our quality goals
- describing what we need to do to create, monitor and improve the consumer's quality experience
- identifying clear roles and responsibilities at each level of the organisation
- using care 'standards' and accreditation requirements to support quality care
- ensuring we have processes in place to monitor our performance, review incidents and promote innovation.

One of the ways Mercy Health can assure the community we are delivering safe, quality care and continually working towards improving that care is through accreditation. Accreditation is an independent review of our performance against a set of standards across a range of areas. In 2014 Mercy Health's hospital and mental health services were reviewed under the National Safety and Quality Health Service Standards, achieving accreditation in all 10 standards (see pages 18-19).

During 2014/15 our service areas have expanded to offer compassionate aged and home care care to Western Australia and Queensland in addition to Victoria, New South Wales and the Australian Capital Territory. Our expansion has in large part been made possible by our strong relationship with local communities and religious orders with whom we share our commitment to mission. In addition to our founding Sisters of Mercy they include the Family Care, Good Shepherd and Holy Spirit Sisters, all of whom have made lasting contributions to our story and our care.

Providing high-quality care for our community has never been more essential, more challenging and more rewarding than it is today. As our community grows in size and diversity, we have expanded our programs to serve those who come to us, but especially those in most urgent need.

We hope you are as inspired by their stories as we are.



Clare Grieson

Group Executive Director, Quality, Risk & Service Improvement

Adjunct Professor

Stephen Cornelissen
Group Chief Executive Officer

We would also love to hear your own stories, and your thoughts about our report

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



Megan McKechnie with her Catholic Health Australia Award for the ED AOD Program at Werribee Mercy Hospital

“We’ve worked closely with consumers to make sure this program is meeting their needs”

Partners in breaking the addiction cycle

A new nurse-led initiative is using client feedback to tackle the impacts of drugs and alcohol head on.

Werribee Mercy Hospital Emergency Department Dual Diagnosis Nurse Megan McKechnie has more insight than most into the devastation alcohol and other drugs (AOD) wreak on our community. But it’s the insights of the clients she cares for that most interest Megan.

“Clients were telling us they faced many barriers to receiving the right help,” Megan explains.

“Once back in the community they are often stigmatised, affecting their ability and willingness to engage in treatment. So we’d see them back in the Emergency Department (ED) repeatedly, still unsure who to contact or too unwell to make an appointment.”

Megan’s response was to create the ED AOD Program, which has streamlined clients’ care from the moment they arrive at the hospital through to long-term, community-based support. Clients meet with the ED care team when they present to the hospital, then are referred directly to the community support services they need. At every step the program has been shaped directly by the experiences of the people it’s designed to support.

“We’ve worked closely with consumers to make sure this program is meeting their needs,” Megan says. “Our Consumer Participation and Engagement Unit has surveyed many of our clients and their feedback has been excellent.

“Clients are saying they feel more prepared to engage with services. They have also made valuable suggestions to help us finetune the program, which we hope to expand. It’s so gratifying to hear how this is turning people’s lives around.”

Mercy Health fact

40% fewer AOD clients have re-presented to the ED since the program rolled out in July 2014

87.5% of program clients surveyed reported a positive experience

What Megan’s clients said

“

What effect has the program had on managing your AOD abuse/addiction?

“Back into the gym, yoga, see my son more, back at work”

“Feel better, managed a relapse better”

“Way of thinking in drug use, I’m more honest”

“I ask for help”

“Thank you for seeing me as more than a drunk”

“Thank you for treating me with respect”

What was most useful?

“Talking and pathways she gave me”

“Helpful and understanding”

“Getting me into detox”

“Being approachable and nice”

“Direct referral”

“Someone to listen to me”

”



Our consumers are the most important voices in shaping our care and services

Lorem ipsum dolor sit amet

Having your say: Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a statewide survey of people’s public healthcare experiences.

Mercy Health fact

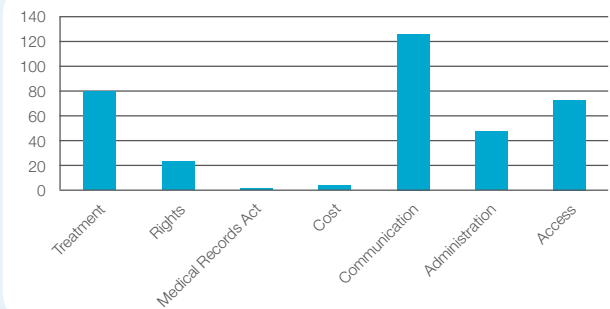
97% rated Mercy Hospital for Women’s care “excellent”

95% rated Werribee Mercy Hospital’s care “excellent”

*When asked “Overall, how would you rate the care you received while in hospital?” in the 2014/15 Victorian Healthcare Survey

What you said	What we are doing
<p>Our feedback showed our consumers (patients, families, carers and the broader community) had ideas and questions about:</p> <ul style="list-style-type: none">• improving patient support and information when being admitted to our inpatient wards and emergency departments• being more involved in older relatives’ care• creating clearer, more reader-friendly information to help them better understand their care• having more say in decisions about our services.	<p>We have used our survey results to improve our patients’ care experience by:</p> <ul style="list-style-type: none">✓ creating a task force to explore issues patients face when they are first admitted for care✓ developing a patient/carers interview tool to help staff identify ways to improve our care✓ developing a care plan for patients aged over 65 that includes patients, families and carers✓ reviewing our written information for patients using health literacy principles to ensure it is clear, easy to read and engaging✓ introducing new ways to make it easier for patients to make decisions and understand medical conversations✓ providing staff training on respect and dignity, information sharing, participation and collaboration.

Complaints by subject area



Other ways we gather your feedback

- Community Advisory Groups at Mercy Hospital for Women and Werribee Mercy Hospital
- focus groups in Perinatal Bereavement and Palliative Care
- patient surveys
- feedback system to capture complaints, compliments and suggestions for improvement.

We encourage people to report complaints so we can keep improving our services.

Partnering with people

Mercy Health has a strong history of partnering with its consumers and community. The introduction of the National Safety and Quality Health Service Standards (Standard 2 – Partnering with Consumers) gave us an opportunity to review and strengthen our partnering against a set of measures. Some of the improvements we have made include:

- creating a Consumer Participation & Experience Unit to make it easier for us to partner with consumers (patients, families and community)
- appointing consumer representatives to our high-level quality committees such as the Clinical Governance Committee and the Clinical Safety Quality and Risk Committee
- introducing training days twice a year for all consumer representatives to explore the role of consumers, the issues consumers face and emerging changes in consumer engagement
- implementing ongoing training for staff on partnering with people; in July and August 2014, 900 staff attended person-centred care training sessions run in conjunction with the Health Issues Centre
- checking all patient and consumer handouts to ensure they have been community reviewed and meet basic health literacy requirements; this means documents given to patients about their care can be read and understood by the majority of the community (more than 80 documents have now achieved our Community Tick, a visual symbol of consumer approval)
- partnering with consumers in a range of processes, including working with patients and the community on developing:
 - the redesign project for outpatient flow at MHW
 - our Mental Health Services redevelopment and extension
- providing data to the Community Advisory Committee and Community Advisory Groups, such as complaint rates and incident data; committee members are encouraged to review, analyse, ask questions and make suggestions for improvement.

Examples of how we have partnered with people this year

- We interviewed and filmed a resident at one of our aged care homes who had fallen in the past. She spoke about her fear of falling, and how this impacted on her quality of life. This video was used to educate our staff at Werribee Mercy Hospital about falls prevention and management.
- We invited a consumer to be part of our Advance Care Planning project team. This consumer had experienced the death of a parent and was keen to provide a consumer viewpoint on the process of planning for end-of-life care.

Consumers in the driver's seat

Our Community Advisory Committee has traditionally been chaired by our Chief Executive Officer. This year we appointed our first Consumer Chair, Marianne Mahoney, to ensure consumers are heard at every level of our organisation.

Our first Consumer Advisory Conference brought the community and the health sector together to help shape future care



Human Resources team members Ben Bajonat, Sandra Cinar and Alicia Thomas

Our people matter to us

Making sure our people can deliver the best quality care possible, and enjoy their work, is a top priority for Mercy Health

We gather regular feedback from staff on our care, services and work environment in a number of ways, including:

- Pulse Surveys on safety, quality and job satisfaction
- a Patient Safety Climate Survey to measure employees' attitude to, confidence in and emphasis on safety in their work
- staff surveys to gauge the effectiveness of training and education

- audits to measure staff engagement with, and understanding of, the quality systems that ensure safe patient care
- data from annual performance reviews
- less formal channels including manager forums, open staff forums, Grand Rounds, Snack Sessions, workshops and education sessions.

Mercy Health fact

98% of Mercy Health staff have completed an online person-centered care competency.

From consumer review to consumer editing

Since 2011, consumers have played an integral role in the development of the Quality of Care Report at Mercy Health.

From the beginning we have asked patients, clients, families and interested community members to provide valuable feedback on how we can improve the report's readability and friendliness.

In 2015, we invited consumers to extend their involvement to editing. Piloted in the 2014/15 edition, we asked consumers to accept, reject or amend content based on whether it was:

- easy to understand
- reflected our diverse community
- showed how we have improved the quality and safety of our care.

Over the years, growing consumer participation has resulted in significant improvements. Here are some milestones along the way:

2010

15 consumers reviewed our report after it was published

2011

Developed health literacy guidelines for Mercy Health

2012-13

40 consumers reviewed our report before it was published, using our health literacy tool to respond

2013-14

Consumer editors worked with the Communications Unit to refine our person-centered approach

What we have learnt?

The following feedback from our consumers has helped us shape our report:

- include diverse consumer stories as well as facts and figures about our care
- keep the report looking fresh, accessible and colourful with images that portray the real people in our services
- provide information on what we do and highlight excellent work
- include lessons learnt and areas for development
- promote our mission and commitment to care for people of all faiths and cultures
- explain or illustrate terms we think are commonly used, such as 'continuing care'
- avoid using fonts or tables that may be difficult for some people to read
- pay special attention to the cover as 'a book is often read by its cover'
- continue to focus on easy-to-digest information.

What are our future plans?

Our consumer reviewers and editors have suggested ways to keep improving the *Quality of Care Report*, including to produce it:

- 1** in a different format more familiar to the public
- 2** in languages other than English.

We look forward to continuing our work with Consumer Editors as we share the responsibility to provide information that supports high-quality healthcare.

Find out how you can make your voice heard at Mercy Health on page 43

A culture of caring: Shukri's story

Wemi Oyekanmi, Community Development Worker

“Shukri Omar is a Somali asylum seeker who was admitted to Mercy Hospital for Women in April 2015, when her waters broke half way through her pregnancy. Shukri spent more than two months at the hospital before delivering healthy twins early in July 2015.

“Shukri was supported by a multidisciplinary team. They included the Multicultural Services Unit’s African liaison and interpreting services, who brought in a Somali interpreter to translate complex medical information. For other daily communication Shukri was supported by our in-house Arabic interpreter Naira Riad. She also received dietary support from our dietitian Nelly Moshonas.

“Shukri was homeless and staying with friends when she was first admitted. With the support of our Social Work Department, the Whittlesea council and the Red Cross, she and her family are now in stable accommodation. We have maintained our relationship with Shukri and she often visits with her boys.”

Shukri Omar, patient

“I had interpreters throughout my long stay at the hospital and it was very useful. They explained my treatment to me and I was able to ask questions about it.

“Naira helped me select meals from the hospital menu and Wemi helped me understand what was happening with my care.

“It was amazing the way they assisted me. I love this hospital; I have made good friends, and we had a lot of people to farewell when we were discharged.

“My boys are doing well and my health is good. I now have a lot of support workers in the community helping me, including my Maternal and Child Health Nurse, Pauline.

“I especially want to thank Naira, who would come and see me every morning during my stay. It was a great experience; the doctors and nurses, the dietitian and other people who work in this department were so great and helpful, and at the end I had these two beautiful children. I am very grateful for this happy ending.”



Breaking down the language barrier

During the year we provided 8,679 occasions of interpreting service.

Interpreter provision based on distinct patient			
Outpatient interpreter provision	2013/14	2014/15	Variance
% of patients who require an interpreter and who have received one during their outpatient session	73.50%	76.60%	3.10%
Inpatient interpreter provision	2013/14	2014/15	Variance
% of patients who require an interpreter and who have received one during their inpatient stay	60.30%	65.60%	5.40%

The largest improvement was seen in access to interpreters within outpatients at Werribee Mercy Hospital

Shukri (centre) with her twin boys, Arabic Interpreter Naira Riad and City of Whittlesea Enhanced Maternal and Child Health Nurse Pauline Cox

Booklet author and Mercy Hospital for Women Emergency Department Nurse Unit Manager Mary McCarthy with Multicultural Services Manager Natalija Nesvadba who initiated the translation project



Culturally appropriate support for miscarriage

Mercy Health’s Multicultural Services team has this year released translations of our Early Pregnancy Loss (Miscarriage) booklet in four community languages: Arabic, Chinese, Hindi and Karen.

“Miscarriage is often not openly discussed in migrant communities,” Multicultural Services Manager Natalija Nesvadba says. “This may compound a family’s grief and complicate their recovery. The booklets offer practical information and advice not otherwise accessible in these languages in Australia.”

Authored by Mercy Hospital for Women Emergency Department Nurse Unit Manager Mary McCarthy, the booklets were developed in response to patient and staff requests for better practical and emotional support for women who present to the hospital with early pregnancy loss.

The translations were funded by a philanthropic grant from the Otto and Elizabeth Schumacher Trust via Mercy Health Foundation. “The grant meant we could work with professional translators and community representatives to ensure the translations were developed in a culturally appropriate and sensitive manner,” Natalija says.

“The booklets offer practical information and advice not otherwise accessible in these languages in Australia”

Mercy Health fact

We have made these booklets available on the internet, allowing health professionals nationally to extend miscarriage support to culturally and linguistically diverse communities.

Caring for a diverse population

Mercy Health hospitals	2014/15	2013/14	Victoria 2011 census
Country of birth (overseas born) (% of total)	30.7% 204 countries	27.7% 161 countries	23.8% more than 200 countries
Language other than English (LOTE) spoken at home	12.9% 132 languages	13% 104 languages	23.1%
Interpreter required	4.6% of all consumers OR 35.3% of those who speak LOTE	4% of all consumers OR 28% of those who speak LOTE	4%



L-R: Mercy Hospital for Women Aboriginal Programs Unit Manager Marika Jackomos, Wurundjeri Elder Aunty Di Kerr, Senior Aboriginal Hospital Liaison Officer Joanne Pappas and Aboriginal Hospital Liaison Officer Jodie Lovett

Sharing the long walk to equity

Lack of access to culturally safe care is a factor in the health gap Aboriginal Australians continue to face, as Mercy Health Aboriginal Programs Unit Manager Marika Jackomos is all too aware.

"I just hate to think of women who could end up with a serious health issue because they didn't want to come into the hospital for an appointment, simply through fear of people's attitudes," says Marika, a Yorta Yorta woman and driving force behind our programs to support Aboriginal families.

Marika's team has been fostering change for more than a decade, most recently by appointing Aboriginal Employment Plan Project Officer Nathan Leitch to co-chair our Reconciliation Action Plan (RAP) committee. Set in

motion last year, the plan will outline small steps everyone in our organisation can take to create a welcoming, inclusive environment for Aboriginal and Torres Strait Peoples.

"There are small but significant tasks we can do right now that can make the Community feel safer and more accepted," says Nathan, a Noonuccal man from Queensland who has spent much of his life in Victoria. "It's about weaving changes into our work to make them core business."

Our RAP plan in action: a snapshot

What we're doing now

We offer culturally appropriate care through:

- Nangnak Baban Murrup Clinic ('Nurturing Mother's Spirit'), supporting pregnant Aboriginal and Torres Strait Islander women who choose to attend Mercy Hospital for Women
- Nangnak Wan Myeek ('Nurture, Care, Look after Me and Mine'), supporting Aboriginal and Torres Strait Islander women and families following their baby's birth at Mercy Hospital for Women
- our Aboriginal Employment Plan, a strategy to increase the Aboriginal workforce at Mercy Health
- Hospital to Community Pathways Program, aimed at improving culturally appropriate service access, discharge planning and referral pathways for our Aboriginal patients at Werribee Mercy Hospital
- Aboriginal Hospital Liaison services which are available for our Aboriginal patients and their families.

What we're working on for tomorrow

We are creating a more welcoming environment by:

- installing Welcome to Country plaques at every Mercy Health site
- ensuring an Acknowledgment of Country is spoken at all our events and meetings
- adding an Acknowledgement of Country to all publications, our website and our emails
- improving our website navigation to the Aboriginal Programs landing page.



Victorian staff and students celebrate accreditation

National Standards accreditation

After 12 months of intense preparation, staff in Victoria and New South Wales were rewarded when surveyors confirmed our health services had achieved full accreditation after a detailed review.

The National Safety and Quality Health Service Standards (NSQHSS) were developed by the Australian Commission on Safety and Quality in Health Care to ensure Australia's health services deliver a consistently high quality of care.

Albury and Young services lead the way in NSW

In August 2014 Mercy Care Centre Young was the first of our sites to achieve full accreditation under the National Safety and Quality Health Service Standards. The surveyors were impressed with the positive and committed approach staff showed to serving their community and noted "all decisions were clearly based on patient-centred care."

In November 2014, Mercy Health Albury also had reason to celebrate with all 15 Australian Council of Healthcare Standards EQUIP National standards met during a periodic review of the hospital's services.

Victoria joins the celebrations

Mercy Hospital for Women, Werribee Mercy Hospital, Mercy Palliative Care and Mercy Mental Health joined the celebrations, achieving full (NSQHSS) accreditation.

Mercy Mental Health also achieved full compliance, against 10 additional standards specific to mental health.

"It has been delightful to hear how proud our frontline staff feel of the improvements they have made in their areas," Chief Executive Health Services Dr Linda Mellors says.

Mercy Health fact

100% (209/209) Criteria met across all accredited hospitals

100% (68/68) Additional criteria met by Mercy Mental Health

100% (63/63) Criteria met by O'Connell Family Centre with six extensive achievements noted

O'Connell Family Centre also impresses the experts

In December it was O'Connell Family Centre's turn to achieve full accreditation under both the EQUIP5 Standards and the Department of Health and Human Services Early Parenting Standards.

The survey teams congratulated the O'Connell Family Centre staff on their commitment to excellent care and safety. They were also commended for their approach to risk management, continuous quality improvement systems and governance of quality and planning.

10 National Standards met

- 1 Governance for safety and quality in health service organisations
- 2 Partnering with consumers
- 3 Preventing and controlling healthcare associated infections
- 4 Medication safety
- 5 Patient identification and procedure matching
- 6 Clinical handover
- 7 Blood and blood products
- 8 Preventing and managing pressure injuries
- 9 Recognising and responding to clinical deterioration in acute health care
- 10 Preventing falls and harm from falls

[Read more on pages 40-41](#)

What the surveyors said

Surveyor feedback was extremely positive with a strong focus on our organisational culture. The survey team agreed with our view that sustainability was built into our systems and that we will continue to build on the strong foundations laid in the lead up to our first National Standards survey. Many surveyors commented they would like to take some of our services home to their organisations and they would be confident to recommend Mercy Health to family and friends.

Easing the pressure: better wound care

Pressure injuries are areas of damage to the skin and underlying tissue caused by constant pressure or friction (rubbing). This damage can develop very quickly in anyone with reduced mobility (such as having to stay in bed following an operation) or with a device in place that may rub on their skin (such as a baby with a nasal tube). Premature newborns and older people are at greater risk due to their fragile skin.

In 2014 Mercy Health Services launched a Skin Integrity and Wound Management project, to set best practice guidelines on how to manage various types of wounds, including pressure injuries, across our hospitals. The program had already been successfully implemented in our aged care services.

After reviewing current practices, staff worked with specialist consultants to develop new guidelines for the management of:

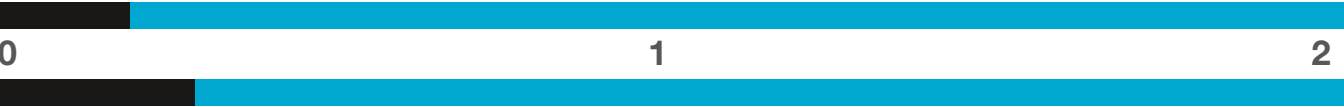
- preventative skin care
- pressure injuries
- ulcers
- complicated wounds.

The project included four well-received staff education sessions.

“This project will greatly enhance the care we offer long-term patients,” says Medical, Subacute and Palliative Care Services Program Director Gillian Evans.

Pressure injuries

At Mercy Hospital for Women in 2013/14, 0.2 pressure injuries occurred every 1000 bed days



In 2014/15, 0.3 pressure injuries per 1000 bed days were recorded

Most of the pressure injuries are ‘Stage 1’. This is the lowest level of pressure injury

At Werribee Mercy Hospital, in 2013/14, 0.6 pressure injuries occurred every 1000 bed days



In 2014/15, 1.7 pressure injuries per 1000 bed days were recorded

An education campaign on recording pressure injuries was undertaken in the 2014/15 year. This has resulted in the increased figure.

The types of services provided at Werribee Mercy Hospital, (general surgery, rehabilitation, geriatric evaluation) means that we would expect to see a higher rate of pressure injuries than at Mercy Hospital for Women

In our aged care homes in 2013/14, 0.1 pressure injuries occurred every 1000 days



The same rate of 0.1 pressure injuries occurred in 2014/15



Pressure injuries are especially common in people with fragile skin



Staff walk in patients' shoes for a day at Werribee Mercy Hospital

Walking in our patients' shoes

'Take a Walk in our Shoes' was an interactive learning experience held in May 2015 in the Geriatric Evaluation and Management ward at Werribee Mercy Hospital. The session recreated scenarios our patients face every day as part of 'Falls Awareness Week' organised by our Care of the Older Patient Committee.

Staff from all areas came along to encounter firsthand the difficulties older people face which put them at risk of falling. They include poor vision, full bladder, poor circulation and inappropriate footwear.

"The session allowed staff to experience the practical challenges and confidence issues many older patients face," Quality Manager Fiona Neilsen says.

"The staff who participated said they gained great insights into what their patients go through."

Steppin' On

Mercy Health Albury Allied Health staff partnered with Murrumbidgee Local Health District and Aboriginal Health Workers to create a culturally appropriate falls education program aimed specifically at the region's Aboriginal community.

The seven week 'Steppin' On' program covers mobility, home safety, community safety, medications, footwear, diet and vision topics. It was followed up with a 'booster session' two months after the first sessions ran.

Falls

At Mercy Hospital for Women in 2013/14, 0.2 falls occurred every 1000 bed days



In 2014/15, 0.3 falls per 1000 bed days were recorded

We would expect to see a very low rate of falls at Mercy Hospital for Women due to the types of patients treated there

At Mercy Mental Health in 2013/14, 1 fall occurred every 1000 bed days



In 2014/15, 0.5 falls per 1000 bed days were recorded

At Werribee Mercy Hospital in 2013/14, 2.4 falls occurred every 1000 bed days



In 2014/15, 3.4 falls per 1000 bed days were recorded

We would expect to see a higher rate of falls at Werribee Mercy Hospital compared to Mercy Hospital for Women due to the types of services provided (rehabilitation, geriatric evaluation) by our Geriatric Evaluation and Management ward, opened 12 months ago

In our aged care homes in 2013/14, 6.3 falls occurred every 1000 bed days



In 2014/15, 6.0 falls per 1000 bed days were recorded

We would expect to see a much higher rate of falls in our aged care homes as it is known that the risk of falling increases with age

Making meal times matter

Malnutrition is prevalent among elderly people in hospital and even more common is residential aged care.

This can be as a result of:

- not receiving assistance with meals when needed
- interruptions during meal times
- quality of food
- access to food choices that meet cultural, religious and personal food preferences
- dental issues (poorly fitted dentures or missing teeth).

The Red Tray and Protected Meal Time initiative was introduced to the Geriatric Evaluation and Management (GEM) ward at Werribee Mercy Hospital in July 2014 to improve the patient meal time experience. Red meal trays are a visible marker of vulnerable patients who need extra support or monitoring at meal time. ‘Protected’ meal times ensure patients are not interrupted by activities that could safely be performed later.

The unit’s patient survey revealed the project has already had a positive impact on the patient meal time experience.

Patient feedback included “The PSAs and nurses are always helpful and lovely” and “Excellent job with the variety and quality of the food.”

In our aged care homes a number of meal time initiatives have been rolled out, including:

- enabling residents to cook their own meals according to their needs and preferences
- offering buffet-style meals to increase choice and variety
- creating food focus groups to discuss enhancements to meals and dining
- ensuring staff dine with residents to offer companionship and practical help if required.

Red Tray Project survey results

19.5% improvement in patients receiving meal time assistance

18.4% improvement in nurses providing meal time assistance to patients

7.8% improvement in Patient Service Assistants providing meal time assistance to patients

22.5% fewer patients are being interrupted at meal times

Mercy Health fact

Every day up to 14 different types of meals (including diabetic, gluten free, halal, vegetarian, renal, regular diet, light diet, modified consistency – soft/minced/puréed, low residue, high energy/high protein) are prepared for patients in our hospitals.



GEM patient Eileen Saffery enjoys a Red Tray meal experience



Patient Nick with Mercy Mental Health Inpatient Nurse Unit Manager Matthew Schoemaker in front of the inspirational theme walls.

Safe journey to mental health

In 2014 the Werribee Mental Health Inpatient Unit was chosen as a trial site for the Victorian Health Department Safe Wards Mental Health Project.

Under the program, nursing staff were trained in skills that have seen the use of restraint and seclusion decrease on the ward month by month — a great step forward for patient care. Staff were taught to encourage clients to set and run daily meetings with them, and to use handover techniques that promote specific styles of client engagement and which also focus on recovery.

As part of the program, sensory modulation equipment was purchased for the unit and the Emergency Department to help calm and relax clients.

The program's highlight has been the creation of a theme wall on which clients can present discharge messages to other clients on their own path to recovery. Popular themes have included Easter and autumn.

"Clients get a great sense of ownership and inspiration from designing and painting the theme walls," Nurse Unit Manager Matthew Schoemaker says.



Mercy Health fact

Mercy Mental Health spans a wide range of services to support as many members of our community as possible, including:

- | | | | | | |
|--------------------------|---|----------------------------|--|---|---|
| 3 Inpatient units | 2 Community Residential Care Units | 3 Community clinics | 1 Mobile Crisis Assessment and Treatment team | 2 Mental Health Emergency Department teams | 2 Telephone Triage / Assessment team |
|--------------------------|---|----------------------------|--|---|---|

At Mercy Mental Health in 2014/15, the seclusion rate was 13 per 1,000 bed days



The target is less than 15 per 1,000 bed days.

Restoring health and hope: Michael's story

Bernadette Mulcahy has accompanied many clients on a journey back to wellness as Access/Intake Care Coordinator at Werribee Mercy Hospital's Health Independence Program (HIP). But one recent story stands out to her as an example of truly connected care and profound personal courage.

"Michael presented to the HIP agitated, upset and at risk of self-harm," Bernadette recalls. "He was the main carer for his wife, who had been a HIP client, so he knew there would be someone here prepared to help him.

"His wife's significant physical and mental health problems weighed heavily on Michael. He has complex health issues of his own from past addictions and prostate cancer, leaving him socially isolated and mentally overwhelmed. He feared his addictive behaviour might resurface and believed he needed support to get back on track.

"I met with Michael and identified he needed care coordination and support. Working with his GP and other allied health clinicians we helped Michael access counselling and a comprehensive health review. His wife was allocated a HIP specialist care coordinator, Anita Oldfield, who managed the very challenging health issues she presented.

"We suggested to Michael that he join the Sons of the West (SOW) Men's Health group which provides social, health and wellbeing support. Michael joined and hasn't looked back! He tells us that the benefits of HIP intervention coupled with SOW have 'saved his life'."

Mercy Health fact

Our Health Independence Program works with more than
30 community and government agencies to offer clients connected ongoing care

“Michael tells us that the HIP intervention coupled with SOW has saved his life”





“Working with Sarah to rebuild her connections with the community will help her move closer to recovery”

Rebuilding trust: Sarah's story

Sarah is not a person many would consider 'homeless'. While she does not sleep on the streets, there is no place where she feels safe. Despite paying regular rent, she has to keep moving around to escape abusive relationships, drug dealers, and crime.

“Sarah's difficult upbringing has also taught her to stay on her guard and to attack others before they can attack her,” Mercy Mental Health Psychiatric Nurse Brendan Pearl says. “These behaviours have led to Sarah being banned from many shops, banks, and government agencies, making it hard to have her needs met.”

Mercy Mental Health's Community Treatment Team reaches out to many people like Sarah, who struggle with chronic mental illness on top of difficult life circumstances. By meeting and working respectfully with Sarah over a long period of time, the team has been able to:

- support her to feel safe communicating with us
- attend Saltwater Clinic regularly to receive her medication
- avoid eviction from her residence
- avoid hospitalisation for the last several months
- open a bank account
- advocate on her behalf to make contact with the agencies which have banned her.

“Working with Sarah to rebuild her connections with the community will help her move closer to a sense of security and recovery,” Brendan says.

Mercy Health fact

Our Community Treatment Team worked with more than
2383 clients in the 12 months since July 2014

Planning how your story ends

When a person is facing the final days of their life, empowering them to direct their own care can help restore a sense of calm, control and dignity.

Advance care planning enables people to discuss and document their wishes for future care and treatment, providing clarity for them, their loved ones and their caregivers. Plans capture who can make decisions on patients' behalf and their social, spiritual and cultural needs.

"Giving people opportunities to make choices until the end of their lives is a key part of offering person-centered care," says Health Independence Program Care Coordinator Kerrie Johns. "Advance care planning is part of our palliative care and will soon be available across our hospital and mental health services.

"We're consulting with each area to explore the diverse ways in which advance care planning plays a role, so that staff can have sensitive conversations with people facing end of life."

Patients, families and our ethics committee have been heavily involved in developing supporting information to ensure it is culturally appropriate and relevant. "We will also focus on recording and storing advance care planning documents and conversations, to capture the changing wishes of our consumers," Kerrie says.



The recently unveiled mural at Mercy Health Bethlehem Home for the Aged

“The murals provide a focal point to talk about; they can trigger pleasant memories”

Murals bring colour to residents' lives

When you're living with dementia, the world can appear alien. Creating a calm, familiar and gently stimulating environment helps to break through the confusion and isolation that often accompany the condition.

Our mural project is responding to this challenge by engaging local artists to paint vibrant scenes on the walls of our residential aged care homes, often with participation from residents.

“The first thing you lose is initiative,” says Clinical Director Aged Care Wendy Dunn. “It can become difficult to start a conversation. The murals provide a focal point to talk about; they can trigger pleasant memories.

“They also disguise doors to the unit which can make people feel institutionalised. “Homes should be friendly, safe, comfortable, stimulating spaces.”

Murals are already completed or underway on internal and external walls of homes including Mercy Place Fernhill, Mercy Health Bethlehem Home for the Aged in Bendigo and Mercy Place Shepparton.

Mercy Health fact

80% of our aged care residents are living with dementia

300,000 Australians are living with dementia in the community

Smoothing the path from home to community

Golda Kriss’ calendar is overflowing with work, volunteering and other activities that see her out and about every day. The 29-year-old Montrose woman, who has Down syndrome, loves to socialise and is committed to giving back to her community.

But for Golda, who doesn’t have a driver’s licence, getting from one place to another is not as simple as hopping in the car. Travelling to her workplace in a factory three days a week presents a challenge.

Ultimately, it was Mercy Health Home & Community Care workers who came to the rescue. Aware of just how vital Golda’s work is to her independence and wellbeing, her mother Carol Belford engaged the service to drive Golda to and from the factory.

“Mercy will allow me to book a one-hour shift; no other organisation does that,” Carol says. “It’s lovely having carers with whom Golda feels comfortable and I feel really safe knowing she is with them.”

Our Home & Community Care service offers people support to continue living full, independent lives in their own home. Consumers direct when and how they use services ranging from day-to-day health and wellbeing support to medical, social, employment or domestic support.

Golda’s service is currently funded through her individual support plan, which will soon make way for a plan under the National Disability Insurance Scheme (NDIS) – a welcome development that will open up even more life choices for the people with whom Home & Community Care works.

“People with a disability will be truly able to self-direct their supports if and when they choose,” says Home & Community Care Operations Director Amanda Bowe. “For people like Golda and Carol, it really will mean a new world of possibilities to live their lives to the fullest.”

Mercy Health fact

Mercy Health Home & Community Care provides services to help people continue living full, independent lives at home across:

- North Eastern Melbourne
- South Western Melbourne
- Victoria’s Geelong region
- Canberra, Australian Capital Territory
- Albury New South Wales
- Young New South Wales
- Adelaide, South Australia
- Cairns, far north Queensland



Golda with her mother Carol



Jacob at 25 weeks



Jacob today with his great grandfather Ned Pelly

A great reason to kickstart a brighter future for mothers and babies

Jacob Horne, born 4 June 2014 at 24 weeks at Mercy Hospital for Women

There is no greater test of the quality of our care than when we welcome our smallest babies to the world.

In the days and weeks after his birth, Jacob Horne faced many serious health complications, including a stomach infection and collapsed lungs, spending 75 days in the hospital's Neonatal Intensive Care Unit.

Thanks to the NICU's highly specialised care, developed through clinical and laboratory research, Jacob cleared every hurdle.

By mid-September Jacob's condition had improved so dramatically that he was transferred to Wodonga to be closer to home, to the joy of mother Lucy, father Matt and sisters Zaryl, 5, and Lara, 3.

"I can tell you now that Jake will live an absolutely incredible life with the start he has had," Lucy says. "I'm just happy and thankful every single day."

Help us kickstart new lives

Mercy Perinatal is a new project run by Mercy Health professors Sue Walker and Stephen Tong, which will connect clinical care, research and education to change the global landscape for complicated pregnancies which carry a risk of death for the mother, the baby, or both.

Focusing on the first 300 days from conception, Mercy Perinatal will fast-track pioneering advances in care to combat:

- stillbirth
- preeclampsia
- ectopic pregnancies
- maternal mental illness.

Your gift at
www.mercyhealth.com.au/donate
 will change lives

National Standards implementation

During 2014 we reviewed our practices against the eight clinical standards of National Safety and Quality Health Service Standards (NSQHSS) which are designed to provide safe and high-quality care. Some of these processes are listed below.

Standard 3 – Preventing and Controlling Healthcare Associated Infections

- We implemented a new cleaning manual and education program for support staff that provides guidance on the specialised cleaning of patient equipment.
- When we saw that the caesarean section infection rates could be improved, we investigated and subsequently made changes to our practice, including antibiotic administration and wound care.
- We reduced the number of intravenous site infections through staff education.
- We began surveying patients to see if they had been informed of actions they can take to prevent infection while in hospital.

Standard 4 – Medication Safety

- We implemented an Antimicrobial Stewardship Committee to ensure that antibiotics are used appropriately.
- We introduced a Best Possible Medication History process for all admissions. This involves assessing all the medicines that a person is taking, including natural remedies, before giving them any new medication. Higher risk patients are then referred to a pharmacist who will work with them to develop a Medication Management Plan.
- We increased pharmacy service hours to provide an improved service to the wards. Many studies have shown that having a pharmacist involved in the care of patients improves patient safety and reduces costs to the community.

- We introduced a standardised clinical alerts identification process and form. This enables staff to clearly identify any allergies or conditions that may impact on patient safety, particularly regarding medications.

Standard 5 – Patient Identification and Procedure Matching

- We introduced standardised patient identification bands across all sites.
- We extended the ‘correct patient, correct procedure, correct site’ practice used in operating suites to procedures performed outside theatres to ensure a high level of patient safety.
- We developed a suite of documents to guide staff in the various patient identification and procedure matching processes.
- We created a Patient Identification and Procedure Matching Committee. This committee oversees the practices related to patient identification and reviews relevant audit outcomes and incident data.
- We began surveying patients to see if they have been asked to provide three identifiers at various points of service and care during their stay.

Standard 6 – Clinical Handover

- We implemented a standard tool (ISBAR) for clinical handover across all sites. Handover is the exchange of information between care providers at the end of a shift, or when a patient moves from one department to another.
- We amended the forms used for patient transfer to be in line with the ISBAR format to enable consistent handover practices.
- We introduced a bedside handover which involves the patient.
- We created a Clinical Handover Committee. This committee oversees the practices related to clinical handover and reviews relevant audit outcomes and incident data.
- We began surveying patients to see if they have been involved in the handover of their care and if they found that to be helpful.

Standard 7 – Blood and Blood Products

- We reviewed and amended all policy and procedure documents related to blood and blood products to ensure best practice can be achieved.
- We appointed a dedicated Blood Transfusion Nurse.
- We implemented a range of educational packages for staff.
- We created a Blood and Blood Products Committee. This committee oversees the practices related to blood taking and blood transfusion and reviews relevant audit outcomes and incident data.
- We introduced a Blood Prescription form to document all aspects of blood transfusion, increasing the safety of the process.
- We worked with the Blood Bank to reduce wastage of red blood cells by improving the way we managed our blood stock. This has reduced expired wasted units to levels well below state and national levels — an excellent outcome for the entire community.

Standard 8 – Preventing and Managing Pressure Injuries

- We developed guiding documents (procedures and tools) for staff to use in preventing and treating pressure injuries. We had to ensure we covered the diverse patient population that we see at Mercy Health, ranging from premature babies through to aged people receiving rehabilitation.
- We undertook the Victorian Quality Council’s Pressure Injury Point Prevalence Survey (PIPPS) which involved inspecting the skin of all patients in hospital on the day to identify the presence of any pressure injuries.
- We created a Pressure Injury and Nutrition Committee. This committee oversees practices related to pressure injury prevention and reviews relevant audit outcomes and incident data.
- We developed a Pressure Injury Review Tool to gather data about pressure injuries. This enables managers to understand how often pressure injuries occur and how severe they are; it also helps to ensure effective care is delivered.
- We began surveying patients to see if they have been advised of their risk of pressure injury and provided with information as to how to reduce that risk.

Standard 9 - Recognising and Responding to Clinical Deterioration in Acute Health Care

- We reviewed emergency response procedures to ensure that escalation of care and calling for emergency assistance meets the needs of our complex and unique patient group.
- We developed a range of Observation Response Charts (maternity, emergency department, special care nurseries, general wards) that help staff identify when a patient’s condition is deteriorating.
- We began monitoring the organisation wide rapid response system to see what we can learn from it.
- We began surveying patients to see if we have advised them what to do if they feel their condition is worsening.
- We broadened the resuscitation training given to staff.
- We included information on clinical deterioration in the patient’s ‘Your Hospital Stay’ booklet.

Standard 10 – Preventing Falls and Harm from Falls

- We developed guiding documents for staff to use in preventing falls and reducing injuries caused by falls. These documents are designed to apply to our diverse patient population who have been identified as being at risk for having a fall, ranging from babies to the elderly.
- We implemented falls risk screening for all patients on admission.
- We introduced a falls alert poster in patient rooms for those who have been identified as being at high risk of having a fall. This provides a quick visual reminder to all staff of the need to ensure that falls prevention strategies are in place for that patient.
- We created a Falls Prevention Committee. This committee oversees practices to reduce falls and harm from falls and reviews relevant audit outcomes and incident data.
- We began surveying patients to see if they have been advised of their falls risk and provided with information as to how to reduce that risk.

Where we are located

Health services

Victoria

Mercy Hospital for Women,
Heidelberg: 03 8458 4444
Mercy Health O’Connell Family Centre,
Canterbury: 03 8416 7600
Mercy Mental Health, Saltwater Clinic,
Footscray: 03 9928 7444
Mercy Mental Health Triage Service: 1300 657 259
Mercy Palliative Care: 03 9313 5700
Mercy Grief Services: 03 9364 9838
Werribee Mercy Hospital, Werribee: 03 8754 3000

New South Wales

Mercy Health Albury: 02 6042 1400
Mercy Care Centre Young: 02 6382 8444

Aged care

Victoria

Mercy Place Abbotsford: 03 9419 3933
Mercy Health Bethlehem Home for the Aged,
Bendigo: 03 5440 8200
Mercy Place Boronia: 03 9762 6506
Mercy Place Colac: 03 5233 5600
Mercy Place East Melbourne: 03 9413 1777
Mercy Place Fernhill, Sandringham: 03 9291 8000
Mercy Place Montrose: 03 9724 6000
Mercy Place Parkville: 03 9385 9222
Mercy Place Rice Village, Geelong: 03 5247 2200
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

Queensland

Mercy Place Westcourt: 07 4031 6977
Mercy Place Woree: 07 4054 5544

Western Australia

Edgewater Mercy Hostel: 08 9306 2449

Mercy Place Lathlain: 08 9361 8969
Mercy Place Mandurah: 08 9535 4799
Mercy Place Mont Clare, Claremont: 08 9383 0000
Mercyville Hostel, Craigie: 08 9401 2841
Villa Maria Hostel, Lesmurdie: 08 9291 6314

Home & Community Care

Victoria

Colac: 03 5233 5603
Geelong: 03 5240 7300
Melbourne North West Metro: 03 9385 9444
Melbourne South East Metro: 03 8530 6999

Australian Capital Territory

Canberra: 02 6228 9600

New South Wales

Albury: 02 6024 9508
Young: 02 6382 8322

Queensland

Cairns: 07 4031 6977

Training and education

Mercy Health Training Institute: 03 9261 2000

Support and administrative services

Mercy Health: 03 8416 7777

Careers

For careers information at Mercy Health visit:
careers.mercy.com.au

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mercyhealth.com.au

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View our videos and podcasts on Vimeo:

vimeo.com/mercyhealth



Work with us!

Your stories, feedback and ideas are what make our care great.

- Join a Mercy Health Community Advisory Group in your area (email Bec Jolly at RJolly@mercy.com.au)
- Send your story to story@mercy.com.au
- Visit our website at mercyhealth.com.au and click the Feedback tab
- Visit us on Facebook at Facebook.com/MercyHealthCareFirst
- Email Feedback@mercy.com.au
- Call us on (03) 8416 7777

