



# Mercy Hospitals Victoria Ltd Report of Operations 2016/17



Mercy Health  
Care first



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Cover image:  
Proud parents with their baby  
at Mercy Hospital for Women.



Mr Julien O'Connell AM, Chairman



Adjunct Professor Stephen Cornelissen, Group Chief Executive Officer

## Welcome

In accordance with the *Financial Management Act 1994*, we are pleased to present the Report of Operations for Mercy Hospitals Victoria Ltd for the year ending 30 June 2017.

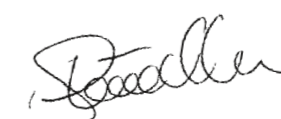
Sisters of Mercy Foundress Catherine McAuley once said: "You can never say 'it is enough'". With her words front of mind, Mercy Health is continually striving to respond to the needs of each person and community we serve even as the landscape continues to change. We seek to provide high-quality care by partnering with patients, their communities and other providers; and we offer leadership and courage around complex issues.

This year, Mercy Health has continued to deliver on our mission to serve those in need. In Victoria, this has included milestones such as the official launch of Mercy Perinatal in December 2016; a sod-turning to mark the start of the \$87 million (inclusive of a \$2 million Mercy Health contribution) Werribee Mercy Hospital redevelopment; and the launch of our Health Services' inaugural Reconciliation Action Plan in February 2017 as part of our commitment to closing the gap. Myriad exciting initiatives are detailed in this report, including our development of an obstetric triage tool for use in emergency departments and our continued support for Karen communities through holistic and integrated antenatal care.

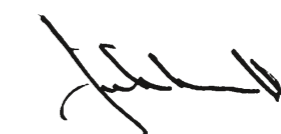
We wish to take this opportunity to thank the many faces of the Mercy Health mission who never say 'it is enough'. These are the people who recognise that as long as there are those in need of our care and compassion, then there is a requirement to deliver groundbreaking research and innovative programs that make a marked difference in the lives of those we serve. We also extend our gratitude to the State Government of Victoria for their ongoing support.

We hope you enjoy this report.

Adjunct Professor Stephen Cornelissen,  
Group Chief Executive Officer



Mr Julien O'Connell AM, Chairman



1 August 2017

# Who we are, how we care

In 2016/17, we had **54,331**  
Emergency Department presentations



there were almost **180,000**  
outpatient attendances



we welcomed **9,782** babies



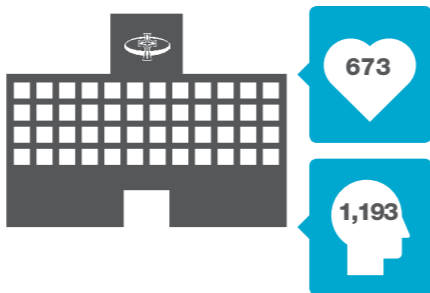
there were almost **55,000** inpatients  
including **2,360** babies in neonatal care



more than **500** families  
were supported by our  
EARLY PARENTING CENTRE



we cared for **673**  
people in our subacute services  
and **1,193** in mental health



# Introduction

In our efforts to best meet the needs of the communities we serve, Mercy Hospitals Victoria Ltd is continually striving to improve the quality of services we deliver. Our dedicated and resourceful staff are united around our common objective to provide the best possible care of which we can be truly proud.

Demand for our services continued to increase this year, particularly in the Wyndham region which is experiencing unprecedented population growth. I am proud of the way Mercy Hospitals Victoria Ltd has responded to the many challenges and opportunities that continue to arise across our services, all the while focussed on providing the best care and experience for each person who comes through our doors.

I wish to acknowledge and thank the State Government of Victoria for their ongoing support. Our vision to build an enduring capacity and passion to serve those in need could not be realised without our partners in government and the community, and I welcome you to join us in celebrating our achievements in this year's report.

Adjunct Professor Linda Mellors

Chief Executive – Health Services



## Our operating result

The financial result for 2016/17 was a net gain before capital and specific items of \$2.254m, compared to a gain of \$0.797m in the preceding year.

The net result for the year of \$29.077m included \$32.423m of capital purpose income, partially offset by depreciation costs of \$7.098m.

## Summary of financial results

	2017	2016	2015	2014	2013
	\$000	\$000	\$000	\$000	\$000
Total revenue	359,916	312,912	281,911	273,383	257,757
Total expense	330,839	302,116	279,923	261,942	240,903
Net result for the year (including capital and specific items)	29,077	10,796	1,988	11,441	16,854
Retained surplus (accumulated deficit)	77,269	48,713	37,993	36,069	23,906
Operating result	2,254	797	(231)	4,122	3,638
Total assets	147,830	119,302	101,336	95,424	83,844
Total liabilities	67,971	68,520	61,350	57,426	57,287
Net assets	79,859	50,782	39,986	37,998	26,557
Total equity	79,859	50,782	39,986	37,998	26,557

# What is Mercy Hospitals Victoria Ltd?

Mercy Hospitals Victoria Ltd (formerly Mercy Public Hospitals Inc.) is a Denominational Hospital per Schedule 2 of the *Health Services Act 1988* (Vic).

Mercy Hospitals Victoria Ltd forms part of Mercy Health, a Catholic not-for-profit organisation which provides a range of health, aged and community care services to communities in Victoria, the Australian Capital Territory, New South Wales, Western Australia and Queensland. Mercy Health works closely with government to identify and respond to current and emerging health needs in our communities. We acknowledge the generous support offered by the Victorian Government over the past 12 months.

The relevant ministers for the reporting period were:

- The Honourable Jill Hennessy MP, Minister for Health and Minister for Ambulance Services
- The Honourable Martin Foley MP, Minister for Mental Health and Minister for Housing, Disability and Ageing.

The predominant objectives for which Mercy Hospitals Victoria Ltd was established are:

1. to carry on or assist in the carrying on of the charitable activities of the Sisters of Mercy in connection with hospital, healthcare and related services.
2. to operate:
  - Mercy Hospital for Women, Heidelberg
  - Werribee Mercy Hospital
  - other hospitals, health and related services, as determined by the Company.
3. to educate and train:
  - medical, nursing, social welfare and pastoral care students at undergraduate, intern and postgraduate level
  - others engaged in hospital, healthcare and related services on a paid or voluntary basis.

The Company will operate at all times as part of the mission of the Catholic Church in conformity with canon law and in conformity with the ethical framework of the Institute of Sisters of Mercy of Australia and Papua New Guinea. Central to our mission is providing care for those in need irrespective of religion, faith, beliefs or background.



Playing in the sandpit at Mercy Health O’Connell Family Centre

# Our services

Mercy Hospitals Victoria Ltd provides acute and subacute hospital care, mental health programs, specialist women’s and newborns’ health, early parenting education and support, and palliative care services.

## Mercy Hospital for Women

Based in Heidelberg, Victoria, the hospital offers obstetric, gynaecological and neonatal services and has one of only four neonatal intensive care units in Victoria. The Neonatal Intensive Care Unit is co-located with the Special Care Nursery and collectively they care for some of Victoria’s most unwell babies.

Mercy Hospital for Women provides both public and private patient care through maternity services, neonatology and paediatrics, perioperative services, gynaecology, women’s health and associated health, support and diagnostic services. It is a major teaching hospital and specialist referral centre with the medical, nursing, midwifery and allied health expertise to treat the most complex obstetric, neonatal and gynaecological cases.

## Werribee Mercy Hospital

Werribee Mercy Hospital is a general hospital providing surgical, medical, maternity, newborn, renal dialysis, emergency, mental health, subacute, rehabilitation and palliative care services in the south western region of Melbourne. The hospital also provides a range of home-based support services including Hospital in the Home and Midwifery in the Home.

## Mercy Health O’Connell Family Centre

Mercy Health O’Connell Family Centre is focused on the needs of vulnerable families and young children. The residential, day and community programs provide child-focused parenting skills to promote safe child development.

The centre is increasing its support for vulnerable families including families with mental health issues.

Services include:

- residential, day and community programs
- Cradle to Kinder program (home-based education and support)
- Playsteps program.

## Mercy Mental Health

Mercy Mental Health supports people in south west metropolitan Melbourne with severe and complex mental illnesses by providing acute and community-based care.

Services are available to adults through acute inpatient programs, residential rehabilitation programs and crisis and community recovery-focused treatment programs. We also offer inpatient and community specialist perinatal mental health services to women and infants in western Victoria.

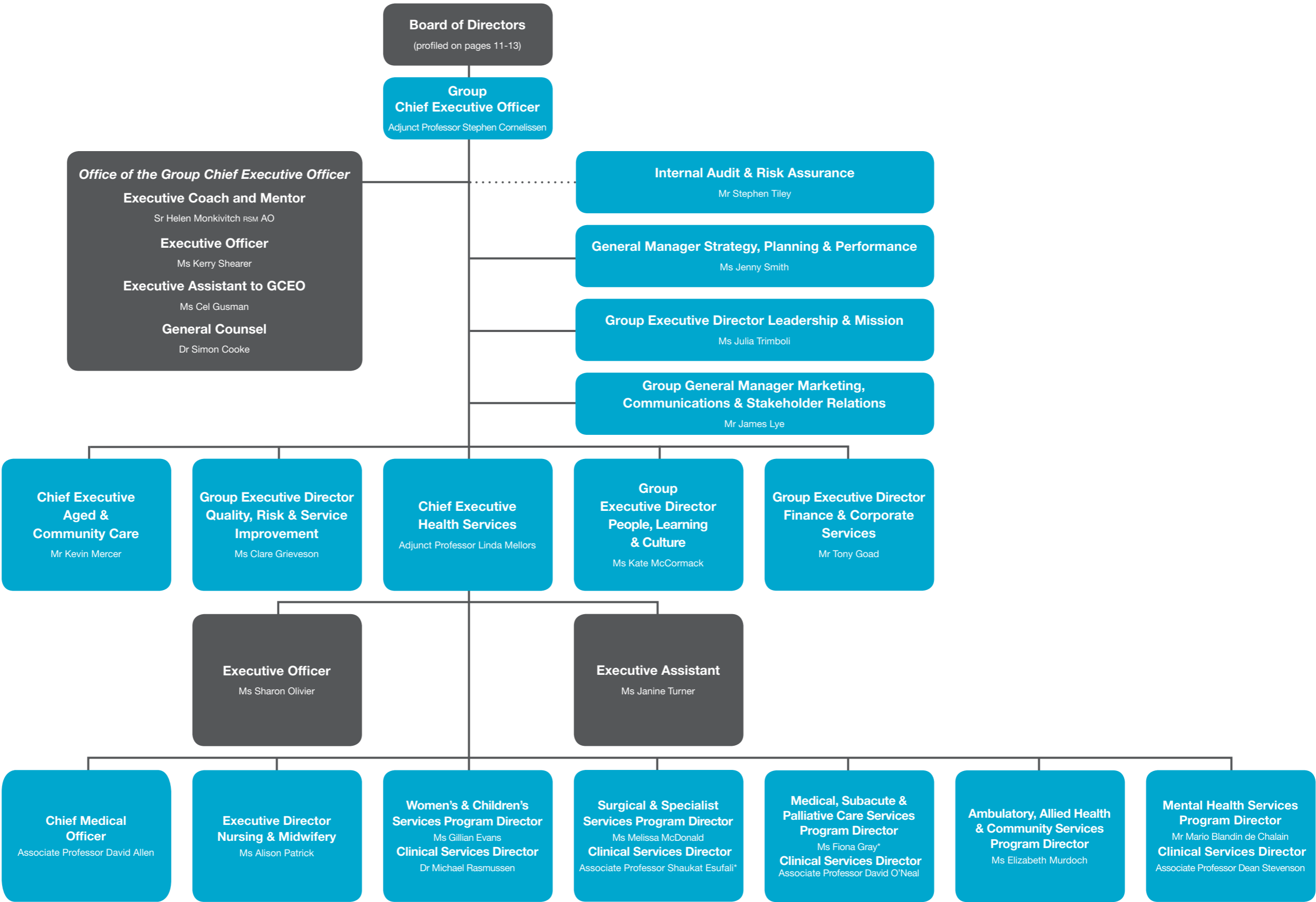
## Mercy Palliative Care

While not officially part of Mercy Hospitals Victoria Ltd, Mercy Palliative Care is integrated into Mercy Health’s service delivery through inpatient palliative care services at Werribee Mercy Hospital.

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

Counselling, nursing and medical services, allied therapies, grief counselling and pastoral care services provide continuity of care to patients, their families and carers. Referrals to the program can come from patients, doctors or hospitals, a patient’s family or friends, or community agencies.

# Organisation structure



\*Associate Professor Shaukat Esufali held the role of Surgical & Specialist Services Program Director until February 2017. Mr Shiran Wijeratne held the position of Surgical & Specialist Services Acting Program Director until June 2017. Ms Fiona Gray commenced in the role of Medical, Subacute & Palliative Care Services Program Director in August 2016.

# Our governance structure

## Mercy Hospitals Victoria Ltd Board

Mr Julien O’Connell AM (Chairman)  
Ms Jo Barker  
Ms Margaret Bounader  
Ms Virginia Bourke (commenced term 8 November 2016)  
Associate Professor Michael Coote (concluded term 2 August 2016)  
Mr John Corcoran AM  
Mr Martin Day (commenced term 8 November 2016)  
Adjunct Clinical Associate Professor Ian Haines (commenced term 6 September 2016)  
Mr John Moore  
Mr Tim O’Leary (commenced term 1 January 2017)  
Ms Agnes Sheehan  
Sr Joan Wilson RSM

The Board is supported by five committees.

## Finance, Audit and Risk Committee

Mr John Moore (Chair)  
Ms Jo Barker  
Ms Jay Bonnington  
Mr John Corcoran  
Mr Bruno Secatore

## Ethics Committee

Mr Martin Day (Chair) (commenced term March 2017)  
Ms Julia Trimboli (Acting Chair to March 2017)  
Dr Frances Baker RSM  
Ms Amanda Bowe  
Adjunct Professor Stephen Cornelissen  
Reverend Dr Hoa Dinh SJ  
Ms Wendy Dunn  
Ms Gillian Evans (concluded term August 2016)  
Dr Genevieve Green  
Sr Trudy Keur RSM  
Ms Mary Klasen  
Adjunct Professor Linda Mellors  
Reverend Associate Professor Cormac Nagle OFM  
Dr Carol Ong RSM  
Associate Professor Dean Stevenson  
Mr Michael Taylor  
Dr Adrian Thomas (concluded term December 2016)  
Dr Bernadette White (commenced term March 2017)

## Quality Committee

Associate Professor Michael Coote (Chair/Acting Chair) (concluded term December 2016)  
Adjunct Associate Clinical Professor Ian Haines (Chair) (commenced term September 2016)  
Associate Professor Kate Birrell  
Ms Virginia Bourke (commenced term April 2017)  
Ms Polly Caldwell  
Dr Jacqueline Collett (commenced term December 2016)  
Dr Michelle Goh RSM  
Mr Marcel Mihulka (commenced term February 2017)  
Ms Sally Moore  
Professor Emeritus Margaret O’Connor AM  
Adjunct Associate Professor David Parsons (concluded term April 2017)

## Human Research Ethics Committee

Professor Janis Ozolins (Chair) (concluded term December 2016)  
Mr Tim O’Leary (Chair) (commenced term August 2016 and commenced as Chair January 2017)  
Mr Matthew Baker (commenced term February 2017)  
Ms Virginia Bourke (concluded term March 2017)  
Mr Diarmid Davine  
Ms Simonne Dax (commenced term December 2016)  
Reverend Dr Hoa Dinh SJ  
Mr James Dwyer  
Ms Margaret Joss (commenced term December 2016)  
Professor Susan McDonald  
Adjunct Professor Linda Mellors (concluded term January 2017)  
Reverend Associate Professor Cormac Nagle OFM  
Associate Professor David O’Neal  
Professor Michael Permezel  
Ms Susan Phillips  
Professor Peter Rendell  
Professor Stephen Tong  
Ms Julia Trimboli  
Professor Susan Walker  
Dr Andrew Watkins

## Corporate Governance Remuneration and Nomination Committee

Mr Julien O’Connell AM (Chairman)  
Ms Virginia Bourke  
Mr John Moore

# Our Board

## Mr Julien O’Connell AM, Chairman

Julien was appointed as a Director to both the Mercy Health Board and the Mercy Health Board Finance & Audit Committee in 2005, and subsequently appointed Chairman of Mercy Health in 2008. He has a diverse background and qualifications in accounting, insurance, risk management and marketing, as well as being a Fellow of the Australian Institute of Company Directors. Julien is also Director or Chairman on a number of boards including the Catholic Archdiocese of Melbourne Finance Council. He is a member of the State Government Council of Board Chairs, supports Enterprise Ireland (Irish Government Trade Body) as Trade Attache in Victoria, and is Pro Chancellor – Australian Catholic University. Julien was appointed a Director of Mercy Health Foundation in 2008.

*“With the support of our Board and Management Team we remain focused on the sustainable delivery of our services so we can be available to those in need, including the marginalised, and always address the issues of our time.”*

## Mr John Moore

John operated a successful marketing company in Bendigo and has had a long association with Mercy Health through his chairmanship of the Mercy Health Bethlehem Home for the Aged Advisory Council. Committed to regional health and aged care, John was also Chairman of the Mt Alvernia Hospital in Bendigo. John brings insight into regional community relationship building, and marketing experience to the Mercy Health Board. John has been a member of the Board since 2007 and has since joined the Mercy Health Board Finance, Audit & Risk Committee which he now chairs.

*“I enjoy the challenge of maintaining our commercial viability while strongly adhering to the Mercy values laid down by Catherine McAuley.”*

## Ms Agnes Sheehan

Agnes has served on the Mercy Health Board since 2009. She has held a number of senior executive positions in the information and communications technology industry over the past 20 years, leading highly engaged teams to deliver organisational integration, transformation and growth, primarily within large enterprise, government and not-for-profit organisations. Agnes has led five substantial business units at Telstra over 13 years, including her most recent roles as Director of Enterprise Mobility and Director of Connectivity and Network Sales. Prior to Telstra, Agnes was the Regional Director Asia Pacific for Ericsson Enterprise and also worked for an aerospace industry start-up owned by GE and Lufthansa. She is a graduate of the Australian Institute of Company Directors and holds a Bachelor Degree in Business Studies and a Diploma in Public Relations.

*“I consider it a great privilege to serve an organisation that constantly advocates for those in need, that is not afraid to challenge, and whose leadership and staff live the mission of ‘care first’ every day, relentlessly building an enduring passion and capacity to serve the people in our care and the wider community.”*

## Sr Joan Wilson RSM

Sr Joan trained as a primary school teacher, and has taught and held the position of Principal of parish primary schools across Victoria over a 30-year period. As Deputy Chair, School Services, of the Catholic Education Office of Melbourne she was responsible for selecting and appointing principals and orientating and mentoring new principals. Sr Joan maintains her involvement with Catholic education as a member of several school and education-related boards and committees. Sr Joan managed the Convent of Mercy Hostel from 2007–2010 and continues to care for a number of Sisters of Mercy in aged care. She joined the Mercy Health Board in 2011 and in 2014 celebrated her golden jubilee as a Sister of Mercy. Sr Joan’s governance roles have spanned various Mercy ministries. She was a member of the Sisters of Mercy Melbourne Congregation leadership team from 2000–2005, and was a member of Mercy Secondary Education Inc and MacKillop Family Services.

*“As a Sister of Mercy, I am able to contribute to the ongoing ministry of Mercy in partnership with all those who govern, manage and work in our care services.”*

Ms Margaret Bounader

Margaret joined the Mercy Health Board in 2011. She has more than 20 years’ experience working in international trade and investment. During her career with Austrade Margaret worked with companies from SMEs to large multinationals across all industry sectors, helping them win business in overseas markets. Margaret previously spent 10 years working overseas as Trade Commissioner in South Africa, Nigeria, Singapore and Malaysia. Margaret is a co-founder of the Women in Global Business program and was previously a member of the City of Melbourne’s Enterprise Melbourne Advisory Board. Margaret joined the Mercy Health Foundation Committee in 2012 and was appointed a Director in 2013.

*“I am inspired by Mercy Health’s strong emphasis on care and treating every person with dignity and compassion at every stage of life.”*

Mr John Corcoran AM

John has a Bachelor of Laws (Monash) and Bachelor of Economics (Monash) as well as being an Accredited Specialist in Business Law (Law Institute of Victoria). He is a former executive partner of Russell Kennedy, and now serves as a Principal. John is a recipient of the Centenary Medal for services to Australian society and to the law, which include his services as a Chairman of Legal Practitioners’ Liability Committee, and on the Legal Service Board between 2005 and 2010, and again in 2013. He was Law Council of Australia President in 2009, Law Institute of Victoria President from 2001–2002, and a London Board Member of the International Bar Association, 2009–2012. John was named in Best Lawyers 2013 Lawyer of the Year Award in Retirement Villages and Senior Living Law. John was awarded an Order of Australia in the 2017 Australia Day Honours. John has been on the Mercy Health Board since 2011 and is a member of the Finance, Audit & Risk Committee.

*“I enjoy being associated with such a diverse organisation that provides care and support to so many members of our community. I hope that my experience and input at Board level can help our dedicated staff in carrying out the Mercy mission. The vision and Catholic ethos of the Sisters of Mercy inspire us to continue the good work of our predecessors.”*

Ms Jo Barker

Jo is a partner within EY’s Transaction Advisory team in Melbourne. She has over 20 years of transaction experience in Australia, Asia Pacific and the UK, helping private and public companies achieve long-term competitive advantage by advising on the management of all aspects of their capital agenda. She also serves as the Global Deputy Quality Leader for Transaction Advisory Services Leader for EY and is a member of the Global Transaction Advisory Services Quality Executive. Jo joined the Mercy Health Board and the Finance, Audit and Risk Committee in 2015 and provides valuable business knowledge and insight.

*“I hope that my commercial experience and diverse perspective are a valuable addition to the existing strong board and management capability.”*

Adjunct Clincial Associate Prof Ian Haines

Ian joined the Mercy Health Board and Quality Committee in September 2016. He has more than 30 years’ experience as a medical oncologist and has a special interest in medical ethics, palliative care and health equity, as a participant in professional, government, non-government and community work in all three areas. Ian is also active in community health, lecturing to diverse groups on cancer treatments and palliative care topics and he regularly writes articles and reviews for local and international journals. He is an advisor to medical panels, legal firms and government super funds.

Ian is an Adjunct Clinical Associate Professor in the Department of Medicine, Monash University at The Alfred and Cabrini hospitals, where he has particular research interests in treatment of early prostate cancer, palliative care and end-of-life care, alternative therapies for cancer and relations between physicians and industry. He is a member of the American Society of Clinical Oncology, Clinical Oncology Society of Australia, and the Ethics subcommittee of the Medical Oncology Group of Australia.

*“I have been fortunate to have worked at Cabrini for almost 30 years and have a deep respect and admiration for the many devoted and wonderful people that work in the Catholic healthcare sector. In my short time at Mercy Health thus far, I have been impressed by the calibre of the people and the organisation and its strong commitment to mission and the care of the less fortunate in our community. I look forward to contributing to the vision and growth of Mercy Health.”*

Mr Martin Day

Before joining the Mercy Health Board, Martin was Chief Executive Officer of the Private Hospitals Division of St Vincent’s Health Australia, which included eight leading private hospitals in Melbourne, Sydney, Brisbane and Toowoomba. Martin has held senior executive roles in the health service industry for 23 years, in both Australian and international acute healthcare markets including South East Asia and the Pacific. He also has 14 years of corporate governance experience in the not-for-profit sector, including healthcare and, more recently, industry superannuation.

Martin’s qualifications include: Associate Diploma of Valuations and Real Estate Management, RMIT; Master of Business Administration, Deakin University, Victoria (MBA); Fellow of Australian Institute of Company Directors (FAICD); Adjunct Professor of ACU (Australian Catholic University); and Graduate of Australian Institute of Superannuation Trustees (GAIST Adv). His industry experience includes risk management, clinical governance, workforce development, financial management, operational management, stakeholder engagement, public/private partnerships (PPP) and social accountability.

Martin is also a director of Prime Super, an industry superannuation fund; Green Acres Golf Club Limited (current President); and Cabrini Health Limited.

*“I am inspired by founding Sister of Mercy Catherine McAuley and her successors, who have dedicated their lives to improving the wellbeing of those who are less fortunate than others, vulnerable and in need of compassion and holistic care. These works are now largely provided by laypersons who, like the Sisters of Mercy, have a very strong vocation and actively embrace the mission, vision and values of Mercy Health.”*

Ms Virginia Bourke

Virginia is a lawyer and consultant in private practice with a breadth of corporate governance and commercial experience. She has served as a director of several not-for-profit organisations including a term as a director of Mercy Health from 2008–2014. She is currently Chairman of St John Ambulance Victoria.

Virginia has broad legal experience previously working as General Counsel for the Institute of Sisters of Mercy of Australia and Papua New Guinea and as Special Counsel in the Employment Law group at Minter Ellison Lawyers.

Virginia brings a community perspective to her board roles based on her long involvement with local parish and school organisations.

*“I am proud to be part of the Mercy story. For me there is immense appeal in the story of Catherine McAuley: a visionary, yet practical woman, whose leadership style was based on the warm relationships with those around her. I believe one of the strengths of our Board is the diversity of its members, particularly its gender diversity. I aim to contribute not only my professional skills, but my real life experience and my perspective as a woman involved in many aspects of community life.”*

Mr Tim O’Leary

Tim is an experienced corporate affairs executive having worked in the oil, banking and telecommunications industries. He is currently Executive Director Rural Affairs & Chief Sustainability Officer at Telstra. In this role he is responsible for rural affairs, strategic community and reputational initiatives, corporate responsibility and Telstra’s environment strategy.

Tim is a Member of Council at Newman College (University of Melbourne) and a Board member of the Telstra Foundation. He is also a former Board member of eMotion 21, a small community arts organisation catering for the needs of young people with Down Syndrome. Tim has an Honours degree in Arts and a Graduate Diploma in Philosophy from the University of Melbourne.

*“I welcome the opportunity to support and serve the ministry of Mercy Health. It is a privilege to be part of a Catholic organisation providing compassionate and responsive care to all people, but especially the vulnerable and disadvantaged, at all stages of life.”*

**Please visit [mercyhealth.com.au](http://mercyhealth.com.au) to find out more about our Board.**

# Our Executive

*Adjunct Professor Stephen Cornelissen  
BN, MHA, Grad Cert CCL, Dip SI, GAICD*

**Group Chief Executive Officer**

Stephen assumed the role of Group Chief Executive Officer, Mercy Health on 1 July 2011. During his tenure Mercy Health has grown to one of Australia’s top 100 private companies, providing health, aged and home & community care services in Victoria, New South Wales, Queensland, Western Australia and the Australian Capital Territory. Prior to taking on this role Stephen was Chief Operating Officer for a number of years, developing a thorough understanding of the organisation’s operational performance and strategic objectives in mission, ethos and operational priorities.

Before joining Mercy Health, Stephen held several senior executive roles in New Zealand and South Australia, having worked at provider and state policy and funding levels of the health system.

Stephen is a member of the Aged & Community Services Australia (ACSA) Board and Paramedics Australasia Board. He has studied at Harvard Business School and Saïd Business School at Oxford University, is an Adjunct Professor of Australian Catholic University and a member of the Australian Institute of Company Directors.

*Adjunct Professor Linda Mellors BA, BSc (Hons),  
PhD (Med), GAICD, Grad Cert HSM*

**Chief Executive, Health Services**

Linda was appointed Chief Executive (formerly Executive Director) of Health Services in August 2013. She is responsible for the oversight of Mercy Hospital for Women, Werribee Mercy Hospital, Mercy Mental Health, Mercy Palliative Care and Mercy Health O’Connell Family Centre as well as hospital services in New South Wales. Linda joined Mercy Health in 2009 as Director Performance, Planning and Strategy for Health Services and has also held titles including Executive Director Mercy Hospital for Women and Mercy Health O’Connell Family Centre, Executive Director Mercy Public Hospitals Inc. and Chair of the Productive Series Steering Group for the Department of Health and Human Services, reporting to the Minister for Health.

Linda is a member of the Catholic Health Australia Health Policy Committee, Chair of North Eastern Melbourne Integrated Cancer Service (NEMICS) Governance Committee, former Deputy Chair of the Participation Advisory Committee and member of various sector

committees. Linda has held executive roles in the Victorian public health sector for approximately 15 years and is passionate about providing improved access to state-of-the-art health services. Linda completed the Williamson Community Leadership Program in 2012 and was named Catholic Health Australia Emerging Leader in 2013. She is an Adjunct Professor of La Trobe University.

*Ms Julia Trimboli MA (Th), MSc (Bioethics)*

**Group Executive Director, Leadership & Mission**

Julia was appointed to the position of Executive Director, Leadership & Mission in June 2015 and is responsible for guiding Mercy Health’s leadership team in empowering our mission.

Julia also brings extensive experience in mission leadership roles, which includes Catholic Health Australia and most recently, Cabrini Health. Julia has a deep commitment to, and sound knowledge of, Catholic health provision and what that means for mission from community, public and private health perspectives.

*Ms Kate McCormack FAHRI, MBA (IRHR),  
GradDipHRM&IR, MBus(HRM&IR)*

**Group Executive Director, People, Learning & Culture**

Kate has more than 20 years’ experience in human resources and, in addition to her MBA, has also studied at the London Business School and at Harvard University.

Kate provides strategic advice to the Group Chief Executive Officer and Executive Group and is responsible for developing and implementing the overall Group Human Resources long-term plan. Kate has been instrumental in developing Mercy Health’s Employer of Choice Strategy and was the recipient of the HR Partners Award for Best HR Leader, HR Leaders Compass Awards in 2010, and the Diversity Leader for the Advancement of Women, EOWA Business Awards in 2010. Under Kate’s leadership, Mercy Health won the Australian Business Awards Employer of Choice in 2015 and 7th Asia Best Employer Brand Awards Best Use of Technology for Recruiting Award in 2016.

Kate is a member of the Australian Human Resources Institute Presidents Forum and the Equal Employment Opportunity Network. Kate was also a Board member of Diversity Council Australia from 2010–2017, serving on their HR committee from 2013–2017 and their IT committee from 2016–2017.

*Mr Tony Goad BBus (Accountancy)*

**Group Executive Director, Finance & Corporate Services**

Tony was appointed Executive Director, Finance and Support Services for Mercy Health in June 2011 after serving as the Acting Chief Financial Officer. He assumed the role of Group Executive Director Finance & Corporate Services in April 2015. He has more than 20 years’ experience in the health industry through executive positions including Chief Financial Officer and Chief Information Officer of the Southern Health Care Network and Associate Director of a healthcare consultancy firm.

Before working in health, Tony undertook various executive and consulting roles in banking and merchant banking for more than 12 years. In addition to his role with Mercy Health Tony is a Board Member of the Mental Health Legal Centre, a community legal centre providing free and confidential legal services to anyone who is experiencing mental illness in Victoria.

*Ms Clare Grieveson BSc (Hons) (Lond), MHSM,  
GCertLACC, AFACHSM*

**Group Executive Director, Quality,  
Risk & Service Improvement**

Clare assumed the role of Executive Director, Risk Management & Quality in February 2014, before her appointment as Group Executive Director Quality, Risk & Service Improvement in April 2015. She is responsible for the overall leadership and direction of risk management, consumer experience, service improvement, quality compliance and quality improvement for Mercy Health. Clare has a clinical background in speech pathology and 20 years’ experience in the health industry, including senior management roles at Monash Health and service planning and performance roles at the Victorian Department of Health and Human Services. She is an Associate Fellow of the Australasian College of Health Service Management and Member of the Australian Institute of Company Directors.

*Kevin Mercer B.Com, MBA, GAICD, CCEO*

**Chief Executive, Aged & Community Care**

Kevin commenced as Chief Executive, Aged & Community Care in November 2015. Kevin is responsible for all residential aged care and home and community care services throughout Mercy Health. Before coming to Mercy Health, Kevin was Chief Executive Officer for Holy Spirit Care Services for seven years. He has more than 30 years of experience in not-for-profit and commercial businesses across many sectors. He holds a Bachelor of Commerce degree and a Masters of Business Administration. Kevin is a graduate member of the Australian Institute of Corporate Directors and a fellow of The CEO Institute.

**Please visit [mercyhealth.com.au](http://mercyhealth.com.au) to find out more about our Executive.**

# Mercy Health strategic plan 2013/17

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

The objectives of this strategic plan reflect Mercy Health's commitment to build on our position as a quality provider of health, aged and community services, through stewardship of the resources entrusted to us by the Sisters of Mercy, state and federal governments and other stakeholders.

## Our strategic themes

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

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

## Our strategic objectives

Our strategic objectives have been developed to guide Mercy Health in achieving its strategic themes. The associated key directions outline the main priorities Mercy Health will focus on until the end of 2017.

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

The development of Mercy Health's next strategic plan is currently in progress.



Baby in the Mercy Hospital for Women Neonatal Intensive Care Unit



Members of the Mercy Palliative Care Walk and Talk Bereavement Group

# Statement of Priorities 2016/17

Priority	Action	Deliverables	Outcomes
Quality & Safety	Implement systems and processes to recognise and support person-centred end-of-life care in all settings, with a focus on providing support for people who choose to die at home.	<ul style="list-style-type: none"><li>• Build on Mercy Hospitals Victoria Ltd experience as a provider of both inpatient and community palliative care and work with other metropolitan health services to improve access to holistic palliative care services.</li><li>• Provide end-of-life care in place of choice for at least 60% of palliative care patients.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li><li>• Achieved.</li></ul>
	Advance care planning is included as a parameter in an assessment of outcomes including: mortality and morbidity review reports, patient experience and routine data collection.	<ul style="list-style-type: none"><li>• Expand the Mercy Hospitals Victoria Ltd internal patient experience survey to ascertain whether patients believe they have received an opportunity to express their preferences for future treatment and care through advance care planning.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li></ul>
	Progress implementation of a whole-of-hospital model for responding to family violence.	<ul style="list-style-type: none"><li>• Work with the broader Mercy Health organisation to develop a comprehensive policy with accompanying procedures that articulates the organisation's response to family violence for patients, clients, residents and staff.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li></ul>
	Establish a fetal surveillance competency policy and associated procedures for all staff providing maternity care that includes the minimum training requirements, safe staffing arrangements and ongoing compliance monitoring arrangements.	<ul style="list-style-type: none"><li>• Implement a clinical practice guideline for the competent conduct of cardiotocography (CTG) that outlines minimum staff requirements for working in birth suites and antenatal settings.</li><li>• Work with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) to conduct regular face-to-face training sessions for staff.</li><li>• Maintain a register of staff competency and conduct a bi-annual audit of compliance with rostering.</li><li>• Review all abnormal CTGs at fortnightly CTG interpretation meetings.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li><li>• Achieved.</li><li>• Achieved.</li><li>• Achieved.</li></ul>

Priority	Action	Deliverables	Outcomes
Quality & Safety <i>(continued)</i>	Use patient feedback, including the Victorian Healthcare Experience Survey to drive improved health outcomes and experiences through a strong focus on person and family-entred care in the planning, delivery and evaluation of services, and the development of new models for putting patients first.	<ul style="list-style-type: none"><li>• Continue to share a patient story at each fortnightly meeting of the Health Services Leadership Team meeting to strengthen the focus on patient experience.</li><li>• Improve the integration of the Consumer Advisory Committee and Consumer Advisory Groups within the Health Services clinical governance structure.</li><li>• Appoint a consumer representative to the Board Quality Committee and other Clinical Governance Committees (that do not already have a consumer representative).</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li><li>• Achieved.</li><li>• Achieved.</li></ul>
	Develop a whole-of-hospital approach to reduce the use of restrictive practices for patients, including seclusion and restraint.	<ul style="list-style-type: none"><li>• Re-establish the 'Reducing Restrictive Interventions' Working Group to drive the Mercy Hospitals Victoria Ltd approach to reducing practices that restrict patients.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li></ul>
Access and timeliness	Ensure the development and implementation of a plan in specialist clinics to: (1) optimise referral management processes and improve patient flow through to ensure patients are seen in turn and within time; and (2) ensure Victorian Integrated Non-Admitted Health data accurately reflects the status of waiting patients.	<ul style="list-style-type: none"><li>• Ensure pre-referral guidelines are in place for all specialist clinics.</li><li>• Centralise the management of outpatient bookings at Mercy Hospital for Women resulting in standardisation of processes.</li><li>• Develop a scorecard to monitor accuracy of Victorian Integrated Non-Admitted Health (VINAH) data and patient wait times versus recommended category wait times.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li><li>• Achieved.</li><li>• Achieved.</li></ul>
	Ensure the implementation of a range of strategies (including processes and service models) to improve patient flow, transfer times and efficiency in the emergency department, with particular focus on patients who did not wait for treatment and/or patients who re-presented within 48 hours.	<ul style="list-style-type: none"><li>• Implement the Mental Health Electronic Medical Record to improve the availability and accessibility of patient information at the point of patient contact; and the ability of the Werribee Mercy Hospital emergency department to manage mental health presentations in a timely way.</li><li>• Deliver practice improvements in the Werribee Mercy Hospital Emergency Department in line with the 2016 evidence-based care improvement project supported by the Emergency Care Clinical Network.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li><li>• Achieved.</li></ul>

Priority	Action	Deliverables	Outcomes
Access and timeliness <i>(continued)</i>	Identify opportunities and implement pathways to aid prevention and increase care outside hospital walls by optimising appropriate use of existing programs (i.e. the Health Independence Program or telemedicine).	<ul style="list-style-type: none"><li>• Expand the credentialing of maternity shared care affiliates as part of the Shared Care Maternity Collaborative to ensure more general practitioners are competent to provide antenatal care in our community.</li><li>• Improve the interface between the lymphoedema service and primary care sector to support patient wellness and reduce the need for unnecessary hospital review.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li><li>• Achieved.</li></ul>
	Increase the proportion of patients (locally and across the state) who receive treatment within clinically recommended time for surgery and implement ongoing processes to ensure patients are treated in turn and within clinically recommended timeframes.	<ul style="list-style-type: none"><li>• Improve elective surgery access by increasing the number of operating sessions at Werribee Mercy Hospital for the specialties of gynaecology, orthopaedics and plastic surgery. This includes collaborating with metropolitan and regional health services to remove long-wait patients from the statewide elective surgery wait list.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li></ul>
	Develop and implement a strategy to ensure the preparedness of the organisation for the National Disability Insurance Scheme and Home and Community Care program transition and reform, with particular consideration to service access, service expectations, workforce and financial management.	<ul style="list-style-type: none"><li>• Ensure streamlined referral pathways to services operated by the broader Mercy Health organisation and other external agencies facilitate access for people requiring home and community care and disability care services where appropriate.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li></ul>
Supporting healthy populations	Support shared population health and wellbeing planning at a local level — aligning with the Local Government Municipal Public Health and Wellbeing plan and working with other local agencies and Primary Health Networks.	<ul style="list-style-type: none"><li>• Provide a proactive referral pathway for the ‘Sons of the West’ men’s health program in partnership with the Western Bulldogs Football Club and the five main councils in Melbourne’s west.</li><li>• Work with Primary Care Partnerships in the north and west metropolitan region to develop resources to support sector and regionally based responses to family violence.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li><li>• Achieved.</li></ul>
	Focus on primary prevention, including suicide prevention activities, and aim to impact on large numbers of people in the places where they spend their time adopting a place-based, whole-of-population approach to tackle the multiple risk factors of poor health.	<ul style="list-style-type: none"><li>• In collaboration with partner agencies of ‘Strengthening Hospitals in Melbourne’s West’, contribute to a regional approach to smoking cessation via elective surgery pre-admission clinics.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li></ul>

Priority	Action	Deliverables	Outcomes
Supporting healthy populations <i>(continued)</i>	Develop and implement strategies that encourage cultural diversity such as partnering with culturally diverse communities, reflecting the diversity of your community in the organisational governance, and having culturally sensitive, safe and inclusive practices.	<ul style="list-style-type: none"><li>• Deliver on all key performance indicators specified in the Family and Reproductive Rights Education Program (FARREP) plan.</li><li>• Centralise interpreter services for Mercy Mental Health through integration with Werribee Mercy Hospital interpreter services.</li></ul>	<ul style="list-style-type: none"><li>• Achieved</li><li>• Achieved</li></ul>
	Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices which recognise and respect their cultural identities and safely meet their needs, expectations and rights.	<ul style="list-style-type: none"><li>• Implement the first stage of a caseload maternity model of care for Aboriginal and Torres Strait Islander women.</li><li>• Establish a culturally safe patient space at Werribee Mercy Hospital for Aboriginal and Torres Strait Islander patients and their families.</li></ul>	<ul style="list-style-type: none"><li>• Achieved</li><li>• Achieved</li></ul>
	Drive improvements to Victoria’s mental health system through focus and engagement in activity delivering on the 10-Year Plan for Mental Health and active input into consultations on the design, service and infrastructure Plan for Victoria’s Clinical mental health system.	<ul style="list-style-type: none"><li>• Implement a range of activities that align with the 10-Year Plan for Mental Health including: the Mental Health and Police Response Service; the Peer Support Post Discharge Follow-up Initiative; and the Adult Intensive Complex Care Clinical Services Brokerage.</li><li>• Prepare for commissioning in late 2016/17 of Phase 2 of the Clare Moore Building (Stage 1D).</li></ul>	<ul style="list-style-type: none"><li>• Achieved</li><li>• Achieved</li></ul>
	Using the Government’s Rainbow eQuality Guide, identify and adopt ‘actions for inclusive practices’ and be more responsive to the health and wellbeing of lesbian, gay, bisexual, transgender and intersex individuals and communities.	<ul style="list-style-type: none"><li>• Work with the broader Mercy Health organisation to ensure the comprehensive ‘Cultural Responsiveness Training Program’ for staff adequately incorporates actions for inclusive practice for LGBTI individuals and communities.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li></ul>
	Further engagement with relevant academic institutions and other partners to increase participation in clinical trials.	<ul style="list-style-type: none"><li>• Undertake a large prospective study in collaboration with the University of Melbourne to develop a blood test that could help avoid stillbirth.</li><li>• Recruit participants in collaboration with the University of Auckland and University of Melbourne for Strider, a large multicentre clinical trial examining the potential of giving Sildenafil to pregnant women, to treat babies that are severely growth restricted.</li></ul>	<ul style="list-style-type: none"><li>• Achieved.</li><li>• Achieved.</li></ul>

Priority	Action	Deliverables	Outcomes
Governance and leadership	Demonstrate implementation of the Victorian Clinical Governance Policy Framework: Governance for the provision of safe, quality healthcare at each level of the organisation, with clearly documented and understood roles and responsibilities. Ensure effective integrated systems, processes, leadership are in place to support the provision of safe, quality, accountable and person-centred healthcare. It is an expectation that health services implement to best meet their employees' and community's needs, and that clinical governance arrangements undergo frequent and formal review, evaluation and amendment to drive continuous improvement.	<ul style="list-style-type: none"> <li>Undertake a formal evaluation of the Mercy Hospitals Victoria Ltd clinical governance committee structure to ensure effective, integrated and streamlined systems are in place. Identify opportunities for improvement and implement.</li> <li>Conduct formal training for all committee chairs in clinical governance principles, chairing skills, effective meeting management and data and audit requirements and interpretation.</li> <li>Review the morbidity and mortality framework and implement a service-wide mortality dashboard which is integrated in the clinical governance reporting structure.</li> </ul>	<ul style="list-style-type: none"> <li>Achieved.</li> <li>Achieved.</li> <li>Achieved.</li> </ul>
	Ensure that an anti-bullying and harassment policy exists and includes the identification of appropriate behaviour, internal and external support mechanisms for staff and a clear process for reporting, investigation, feedback, consequence and appeal and the policy specifies a regular review schedule.	<ul style="list-style-type: none"> <li>Review existing policies and procedures and continue to revisit in line with the standard cycle of review.</li> </ul>	<ul style="list-style-type: none"> <li>Achieved.</li> </ul>
	Board and senior management ensure that an organisation-wide occupational health and safety risk management approach is in place which includes: (1) a focus on prevention and the strategies used to manage risks, including the regular review of these controls; (2) strategies to improve reporting of occupational health and safety incidents, risks and controls, with a particular focus on prevention of occupational violence and bullying and harassment, throughout all levels of the organisation, including to the board; and (3) mechanisms for consulting with, debriefing and communicating with all staff regarding outcomes of investigations and controls following occupational violence and bullying and harassment incidents.	<ul style="list-style-type: none"> <li>Continue to develop a framework for managing occupational violence that fits within the organisation-wide occupational health and safety risk management approach.</li> <li>Use a risk management approach to develop effective control strategies that reduce staff injury rates.</li> <li>Extend the engagement of 'Stress-wise' methodology to support staff to address concerns of workplace stress as early as possible.</li> </ul>	<ul style="list-style-type: none"> <li>Achieved.</li> <li>Achieved.</li> <li>Achieved.</li> </ul>

Priority	Action	Deliverables	Outcomes
Governance and leadership <i>(continued)</i>	Implement and monitor workforce plans that: improve industrial relations; promote a learning culture; align with the Best Practice Clinical Learning Environment Framework; promote effective succession planning; increase employment opportunities for Aboriginal and Torres Strait Islander people; ensure the workforce is appropriately qualified and skilled; and support the delivery of high-quality and safe person-centred care.	<ul style="list-style-type: none"> <li>Review workforce planning processes that identify gaps in workforce capability and capacity to ensure that: actions necessary to address projected future workforce requirements are clearly specified; and links between the professional performance development review process and education calendar are progressed.</li> </ul>	<ul style="list-style-type: none"> <li>Achieved.</li> </ul>
	Create a workforce culture that: (1) includes staff in decision-making; (2) promotes and supports open communication, raising concerns and respectful behaviour across all levels of the organisation; and (3) includes consumers and the community.	<ul style="list-style-type: none"> <li>Continue to foster a positive workforce culture and progress: the development of guidance materials for managers in relation to supporting workforce culture discussions within work teams as part of regular conversations; the development of tools in response to the 'Stress-wise' pilot; and the conduct of regular 'cooperative conversations' sessions for staff.</li> </ul>	<ul style="list-style-type: none"> <li>Achieved.</li> </ul>
	Ensure that the Victorian Child Safe Standards are embedded in everyday thinking and practice to better protect children from abuse, which includes the implementation of: strategies to embed an organisational culture of child safety; a child safe policy or statement of commitment to child safety; a code of conduct that establishes clear expectations for appropriate behaviour with children; screening, supervision, training and other human resources practices that reduce the risk of child abuse; processes for responding to and reporting suspected abuse to children; strategies to identify and reduce or remove the risk of abuse and strategies to promote the participation and empowerment of children.	<ul style="list-style-type: none"> <li>Continue to review existing policies and procedures against the Victorian Child Safe Standards in line with Mercy Health's legislative compliance program.</li> </ul>	<ul style="list-style-type: none"> <li>Achieved.</li> </ul>

Priority	Action	Deliverables	Outcomes
Governance and leadership <i>(continued)</i>	Implement policies and procedures to ensure clinical staff have access to vaccination programs and are appropriately vaccinated and/or immunised to protect staff and prevent the transmission of infection to susceptible patients or people in their care.	<ul style="list-style-type: none"> <li>Review and update all policies and procedures relating to immunisation and staff health in line with the existing cycle of review.</li> <li>Ascertain the Hepatitis B immunisation status for clinical and clinical support staff at risk of exposure and ensure 100% of non-immunised staff are offered immunisation.</li> </ul>	<ul style="list-style-type: none"> <li>Achieved.</li> <li>Achieved.</li> </ul>
Financial sustainability	Further enhance cash management strategies to improve cash sustainability and meet financial obligations as they are due.	<ul style="list-style-type: none"> <li>Maintain current cash management performance against financial key performance indicators and continue to meet financial obligations as they are due.</li> </ul>	<ul style="list-style-type: none"> <li>Achieved.</li> </ul>
	Actively contribute to the development of the Victorian Government's policy to be net zero carbon by 2050 and improve environmental sustainability by identifying and implementing projects, including workforce education, to reduce material environmental impacts with particular consideration of procurement and waste management, and publicly reporting environmental performance data, including measureable targets related to reduction of clinical, sharps and landfill waste, water and energy use and improved recycling.	<ul style="list-style-type: none"> <li>Work with the broader Mercy Health organisation to support projects of the 'People and its Planet' Committee aimed at reducing Mercy Health's carbon footprint.</li> <li>Replace any existing halogen or incandescent lighting across Werribee Mercy Hospital and Mercy Hospital for Women with light-emitting diode (LED) technology to improve energy efficiency.</li> </ul>	<ul style="list-style-type: none"> <li>Achieved.</li> <li>Achieved.</li> </ul>



Family celebrating their new delivery

# Performance priorities

## Safety and quality performance

Key performance indicator	Target	2016/17 result	
Accreditation			
Compliance with NSQHS Standards accreditation	Full compliance	Achieved	
Infection prevention and control			
Compliance with cleaning standards	Full compliance	Achieved	
Compliance with the Hand Hygiene Australia program	80%	83.8%	
Percentage of healthcare workers immunised for influenza (for the period 18 April 2016 to 19 August 2016)	75%	79%	
Patient experience			
Victorian Healthcare Experience Survey – data submission	Full compliance	Achieved	
Victorian Healthcare Experience Survey – patient experience Quarter 1	95% positive experience	93%	
Victorian Healthcare Experience Survey – patient experience Quarter 2	95% positive experience	94%	
Victorian Healthcare Experience Survey – patient experience Quarter 3	95% positive experience	95%	
Victorian Healthcare Experience Survey – discharge care Quarter 1	75% very positive response	72%	
Victorian Healthcare Experience Survey – discharge care Quarter 2	75% very positive response	77%	
Victorian Healthcare Experience Survey – discharge care Quarter 3	75% very positive response	75%	
Healthcare associated infections			
Number of patients with surgical site infection	No outliers	No outliers	
SAB rate per occupied bed days <sup>1</sup>	<2/10,000	0.4/10,000	
Maternity and newborn <sup>2</sup>			
Percentage of women with prearranged postnatal home care	100%	100%	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤1.6%	MHW 1.6	WMH 0.9%
Rate of severe foetal growth restriction in singleton pregnancy undelivered by 40 weeks	≤28.6%	MHW 31.1	WMH 32.1
Mental health			
Percentage of adult inpatients who are readmitted within 28 days of discharge	14%	15%	
Rate of seclusion events relating to an acute admission – composite seclusion rate	≤15/1,000	10	
Rate of seclusion events relating to an adult acute admission	≤15/1,000	10	
Percentage of adult patients who have post-discharge follow-up within seven days	75%	67%	
Continuing care			
Functional independence gain from admission to discharge, relative to length of stay	≥0.39 (GEM) and ≥0.645 (rehab)	0.56 (GEM) and 0.88 (rehab)	

Cleaning standard measure	Acceptable Quality Level (AQL) target	Outcome
Overall compliance with standards	Full compliance	Achieved
Very high risk (Category A)	90 points	Achieved
High risk (Category B)	85 points	Achieved
Moderate risk (Category C)	85 points	Achieved

## Access and timeliness

Key performance indicator	Target	MHW result	WMH result
Emergency care			
Percentage of ambulance patients transferred within 40 minutes	90%	99.3%	81.4%
Percentage of Triage Category 1 emergency patients seen immediately	100%	100%	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended times	80%	78%	66%
Percentage of emergency patients with a length of stay less than four hours	81%	71%	62.2%
Number of patients with a length of stay in the emergency department greater than 24 hours	0	0	162*

\*Of the 162 episodes where Emergency Department length of stay exceeded 24 hours, 150 episodes were related to patients with a mental health condition; 11 episodes were related to patients with both a medical and mental health related condition; and one episode related to a high acuity patient who required transfer to a surgical ICU bed at another health service (the surgical ICU bed was not available immediately). On occasions when there is a higher-than-usual volume of Emergency Department presentations related to mental health, the system is challenged to facilitate access to a suitable inpatient bed in a timely way. The Werribee Mercy Hospital adult acute mental health unit operates at full occupancy, and at times when there is a surge in demand, out-of-area inpatient beds are under similar demand pressure. There has been a 23 per cent increase in mental health-related presentations to Werribee Mercy Hospital across the three-year period 2014-15 to 2016-17 compared to a 14 per cent increase in non-mental health presentations for the same period.

Key performance indicator	Target	2016/17 result
Elective surgery		
Percentage of urgency category 1 elective patients admitted within 30 days	100%	100%
Percentage of urgency category 1, 2 and 3 elective patients admitted within clinically recommended timeframes	94%	96.44%
20% longest waiting Category 2 and 3 removals from the elective surgery waiting list	100%	99.6%
Number of patients on the elective surgery waiting list (as at 30 June 2017)	1,237	1,089
Number of hospital initiated postponements per 100 scheduled admissions	≤8 /100	5.96
Number of patients admitted from the elective surgery waiting list – annual total	5,772	5,502
Specialist clinics		
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%	74.02%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%	99.70%

Data correct as at 17/7/17

<sup>1</sup> SAB is staphylococcus aureus bacteraemia

<sup>2</sup> Perinatal Service Performance Indicator (PSPI) reports should be consulted for a description on the utility and business rules for these indicators. Note that data for 2016 and 2017 is provisional.

Financial sustainability performance

Key performance indicator		
Finance	Target	2016/17 result
Operating result	\$2.566m	\$2.254m
Public and private WIES performance to target	100%	101.99%
Trade creditors	60 days	52 days
Patient fee debtors	60 days	32 days
Adjusted current asset ratio	0.7	0.47
Days of available cash	14 days	18 days

Key performance indicator		
Asset management	Target	2016/17 result
Basic asset management plan	Full compliance	Achieved

Activity and funding

Funding type	2016/17 Activity Achievement
Acute admitted	
WIES DVA	163.28
WIES Private	3,428.09
WIES Public	40,046.22
WIES TAC	4.91
Subacute and non-acute admitted	
Transition Care – Bed days	1,934
Transition Care – Home days	1,042
Subacute WIES – GEM Public	293.45
Subacute WIES – Palliative Care Private	5.96
Subacute WIES – Palliative Care Public	274.37
Subacute WIES – Rehabilitation Public	66.2
Subacute WIES – DVA	29.08
Subacute non-admitted	
Health Independence Program – Public	13,905
Mental health and drug services	
Mental Health Ambulatory*	25,805
Mental Health Residential*	6,153
Mental Health Subacute	2,727
Mental Health Inpatient – Available bed days	20,180
Primary health	
Community Health / Primary Care Programs	769
Other	
Health Workforce	111.4

Data correct as at 17/7/17

\*This data may have been affected by industrial activity during the financial year. The collection of non-clinical and administrative data was affected, with impacts on community mental health service activity and client outcome measures.

Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2016/17 is \$6,991,631 (excluding GST) with the details shown below:

(\$ million)			
Business As Usual (BAU) ICT expenditure (Total) (excluding GST)	Non Business As Usual (non BAU) ICT expenditure (Total=Operational expenditure and Capital Expenditure) (excluding GST)	Operational expenditure (excluding GST)	Capital expenditure (excluding GST)
\$6.040m	\$0.952m	\$0m	\$0.952m

Consultancies

**Details of consultancies (under \$10,000)**

In 2016/17, there were no consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2016/17 in relation to these consultancies is \$Nil (excl. GST).

**Details of consultancies (valued at \$10,000 or greater)**

In 2016/17, there were two consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2016/17 in relation to these consultancies is \$267,771 (excl. GST).

Consultant	Purpose of consultancy	Start date	End date	Total approved project fee (excluding GST)	Expenditure 2016-17 (excluding GST)	Future expenditure (excluding GST)
Portland Group Pty Ltd	Pathology Sourcing	September 2016	August 2017	\$237,000	\$230,562	\$6,438
Maternal Critical Care	Better Care Victoria Obstetric Triage Decision Aid Project	September 2016	August 2017	\$37,500	\$37,119	\$381

# Reporting procedures

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

The Independent Broad-based Anti-corruption Commission

Phone: 1300 735 135  
Fax: (03) 8635 6444  
Post: IBAC, GPO Box 24234, Melbourne, Victoria 3000  
Website: [ibac.vic.gov.au](http://ibac.vic.gov.au)

## Further information

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

## National Competition Policy

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

## The Building Act 1993

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

## Victorian Industry Participation Policy Act 2001

During 2016/17, no contracts that required disclosure under the *Victorian Industry Participation Policy Act 2003* were started or completed.

## Protected Disclosure Act 2012

Mercy Hospitals Victoria Ltd is committed to the aims and objectives of the *Protected Disclosure Act 2012* (Vic). We do not tolerate improper conduct by employees or officers, nor the taking of detrimental actions or reprisal against those who come forward to disclose such conduct.

Mercy Hospitals Victoria Ltd recognises the value of transparency and accountability in our administrative and management practices, and supports the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health or safety or the environment.

Mercy Hospitals Victoria Ltd will take all reasonable steps to protect people who make such disclosures from any detrimental action by way of reprisal for making the disclosure in accordance with relevant regulatory obligations.

## Environmental performance

As a Catholic healthcare organisation, Mercy Health is committed to bringing to life the papal encyclical *Laudato Si* (On Care for Our Common Home) in our daily practices. In the words of Pope Francis: “I urgently appeal, then, for a new dialogue about how we are shaping the future of our planet. We need a conversation which includes everyone, since the environmental challenge we are undergoing, and its human roots, concern and affect us all.”

Throughout the year, Werribee Mercy Hospital and Mercy Hospital for Women undertook a range of initiatives to improve environmental performance including replacing existing halogen or incandescent lighting with light-emitting diode (LED) technology; recycling ‘little blue towels’ in Mercy Hospital for Women theatres; and developing a pilot to segregate kitchen waste at Werribee Mercy Hospital.

## Safe Patient (Nurse to Patient and Midwife to Patient Ratios) Act 2015

Outcomes	2016/17
Findings by the Magistrates’ Court that Mercy Hospitals Victoria Ltd:	
• did not comply with a ratio	Nil
• did not comply with a variation to a ratio	Nil
• did not consult with nurses, midwives and relevant unions in respect of a proposed variation to ratio	Nil
Actions taken as a result of a Magistrates’ Court finding	N/A
Injunctions granted by the Magistrates’ Court	Nil
Civil penalties imposed by the Magistrates’ Court	Nil
Safe Patient Care Compliance Directions	Nil

## Work health and safety

Mercy Hospital Victoria Ltd continues to be committed to providing a safe and healthy environment for all workers, patients, residents, clients, visitors and others who may be affected by the operations of the organisation.

We are into the last year of our four-year *Work Health and Safety Business Plan 2013/17*. A new *Work Health and Safety Business Plan* will be developed for 2018/22.

In 2016/17:

- We reviewed our Work Health and Safety monthly reporting to align with the Business Plan and to provide more relevant information for each business stream. This includes the addition of positive performance indicators and lost time injury frequency rates.
- Occupational Violence and Aggression (OVA) continues to be a major risk for our staff, particularly those working in our emergency departments and Mental Health. The appointment of a Group Occupational Violence Manager in November 2016 has seen our Occupational Violence (OV) policy and procedures reviewed. An OV framework has been developed and face-to-face training initiatives are being rolled out across all divisions. Online training will be developed over the next 12 months to support and develop staff capacity to deal with violent and aggressive incidents.
- Manual handling claims fell in 2016/17 as a result of a targeted training program with a risk-based approach.

Mercy Health commits to fulfilling our *Work Health and Safety Business Plan 2013/17* and to reducing any harm to our staff, patients, residents, consumers, volunteers and visitors.

Occupational violence statistics	2016/17
Workcover accepted claims with an occupational violence cause per 100 FTE	0.16
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	0.75
Number of occupational violence incidents reported	288
Number of occupational violence incidents reported per 100 FTE	14.63
Percentage of occupational violence incidents resulting in a staff injury, illness or condition	0.05%

### Definitions

For the purposes of the above statistics the following definitions apply.

**Occupational violence** – any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

**Incident** – occupational health and safety incidents reported in the health service incident reporting system. Code Grey reporting is not included.

**Accepted Workcover claims** – accepted Workcover claims that were lodged in 2016/17.

**Lost time** – is defined as greater than one day.

## Risk management

At Mercy Health, risk management includes the management of a supportive risk culture, embedded risk processes and structures that are directed toward ensuring risks across the organisation are identified and appropriately managed. The risk management strategy and framework that have been implemented by Mercy Health are aligned to the International Risk Management Standard ISO 31000:2009 and provide a common basis for managing risk. Mercy Health remains committed to applying a comprehensive and integrated risk management process to all business activities, functions, and processes to ensure consistency of risk assessments across the organisation.

During 2016/17 Mercy Health maintained a strong focus on proactively identifying and managing all

classes of risk including clinical, work health and safety, regulatory, compliance, financial and operational risks. Improvements to the processes and systems that support risk management are ongoing and include initiatives such as defining a risk appetite.

### Audit framework

The Mercy Health audit system combines both quality audit and independent internal audit resulting in a single integrated activity. This approach has bridged the gap between the traditionally siloed quality and internal audit activities. This enables greater assurance over systems of internal control compared with recognised best practice and allows for the identification of points in processes where variations may exist.

We can also measure the rate of improvement over time. This approach has enabled a direct link into contemporary organisational development and design such as the ‘three lines of defence’ modelling.

### Carers Recognition Act 2012

Mercy Hospitals Victoria Ltd recognises, promotes and values the role of carers. Mercy Hospitals Victoria Ltd takes all practical measures to comply with its obligations under the Act, including:

- promotion of the principles of the Act to people in care relationships who receive our services and to the wider community – for example, support groups and information sessions run by the Mercy Palliative Care Program (the ‘Carer’s Own Information Sessions’ – for example, distributing printed material about the Act at community events or service points; providing links to state government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations)
- ensuring that our staff have an awareness and understanding of the care relationship principles set out in the Act (for example, developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein)
- consideration of the carer relationships’, principles set out in the Act when setting policies and providing services – for example, availability of flexible working arrangements (per our Workplace Flexibility Policy and Procedure) for employees who are carers, such as reviewing our employment policies including flexible working arrangements and leave provisions

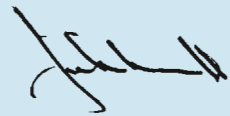
to ensure these comply with the statement of principles in the Act; and developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care.

### Car parking

Mercy Hospitals Victoria Ltd complies with the Department of Health and Human Services hospital circular on car parking fees and details of car parking fees and concession benefits can be viewed at [mercyhealth.com.au](http://mercyhealth.com.au)

### Attestation for compliance with the Ministerial Standing Direction 3.7.1– Risk Management Framework and Processes

I, Julien O’Connell certify that Mercy Hospitals Victoria Ltd has complied with Ministerial Direction 3.7.1 – Risk Management Framework and Processes. The Mercy Hospitals Victoria Ltd Audit Committee has verified this.



Julien O’Connell AM  
Chairman, Mercy Hospitals Victoria Ltd  
1 August 2017

### Freedom of information

The *Freedom of Information Act 1982* (Vic) allows the public a right of access to documents held by Mercy Hospitals Victoria Ltd. For the 12 months ending 30 June 2017, Mercy Hospitals Victoria Ltd received 473 applications.

Of the requests received by Mercy Hospitals Victoria Ltd, access was granted in full for 365 requests. Access was granted in part for 38 requests and access was denied for one request under section 25A(1) of the Act. A total of 69 applications were withdrawn, not proceeded with or had not been finalised at 30 June 2017.

### Making a request

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

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

Freedom of Information fact sheets and an access request form are available on the Freedom of Information section of the Mercy Health website at [mercyhealth.com.au](http://mercyhealth.com.au). Requests for documents in possession of Mercy Hospitals Victoria Ltd should be addressed to the relevant facility/service:

Freedom of Information Officer  
[Mercy Hospital for Women](#)  
Health Information Services  
163 Studley Rd  
Heidelberg Vic 3084

Freedom of Information Officer  
[Werribee Mercy Hospital](#)  
Health Information Services  
300 Princes Hwy  
Werribee Vic 3030

Freedom of Information Officer  
[Mercy Mental Health](#)  
Saltwater Clinic  
PO Box 2083  
Footscray Vic 3011

Freedom of Information Officer  
[Mercy Health O’Connell Family Centre](#)  
6 Mont Albert Rd  
Canterbury Vic 3126

Freedom of Information Officer  
[Mercy Hospitals Victoria Ltd](#)  
Level 2, 12 Shelley St  
Richmond Vic 3121

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

Further information regarding Freedom of Information can be found at [foi.vic.gov.au](http://foi.vic.gov.au) and [foicommissioner.vic.gov.au](http://foicommissioner.vic.gov.au)

### Additional information (FRD 22H)

In compliance with the requirements of FRD 22H Standard Disclosures in the Report of Operations, details in respect of the items listed below have been retained by Mercy Hospitals Victoria Ltd and are available to the relevant Ministers, Members of Parliament and the public on request (subject to the Freedom of Information requirements, if applicable):

(a) a statement of pecuniary interests of all relevant officers;

(b) details of shares held by senior officers as nominee or held beneficially or in a statutory authority or subsidiary;

(c) details of publications produced by Mercy Hospitals Victoria Ltd about the activities of the Health Service and where they can be obtained;

(d) details of changes in prices, fees, charges, rates and levies charged by the Health Service;

(e) details of any major external reviews carried out on the Health Service;

(f) details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;

(g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;

(h) details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;

(i) details of assessments and measures undertaken to improve the occupational health and safety of employees;

(j) general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;

(k) a list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;

(l) details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

# Our care

## Highlights 2016/17

### Mercy Perinatal

The work of Mercy Perinatal and the Maternal Fetal Medicine Unit at Mercy Hospital for Women continues to be revered by national and international professional communities. Bringing together leading local and international clinicians and researchers to improve health outcomes for mothers and their babies, Mercy Perinatal is pioneering research in the areas of stillbirth, ectopic pregnancy, preeclampsia, fetal growth restriction and maternal mental health.

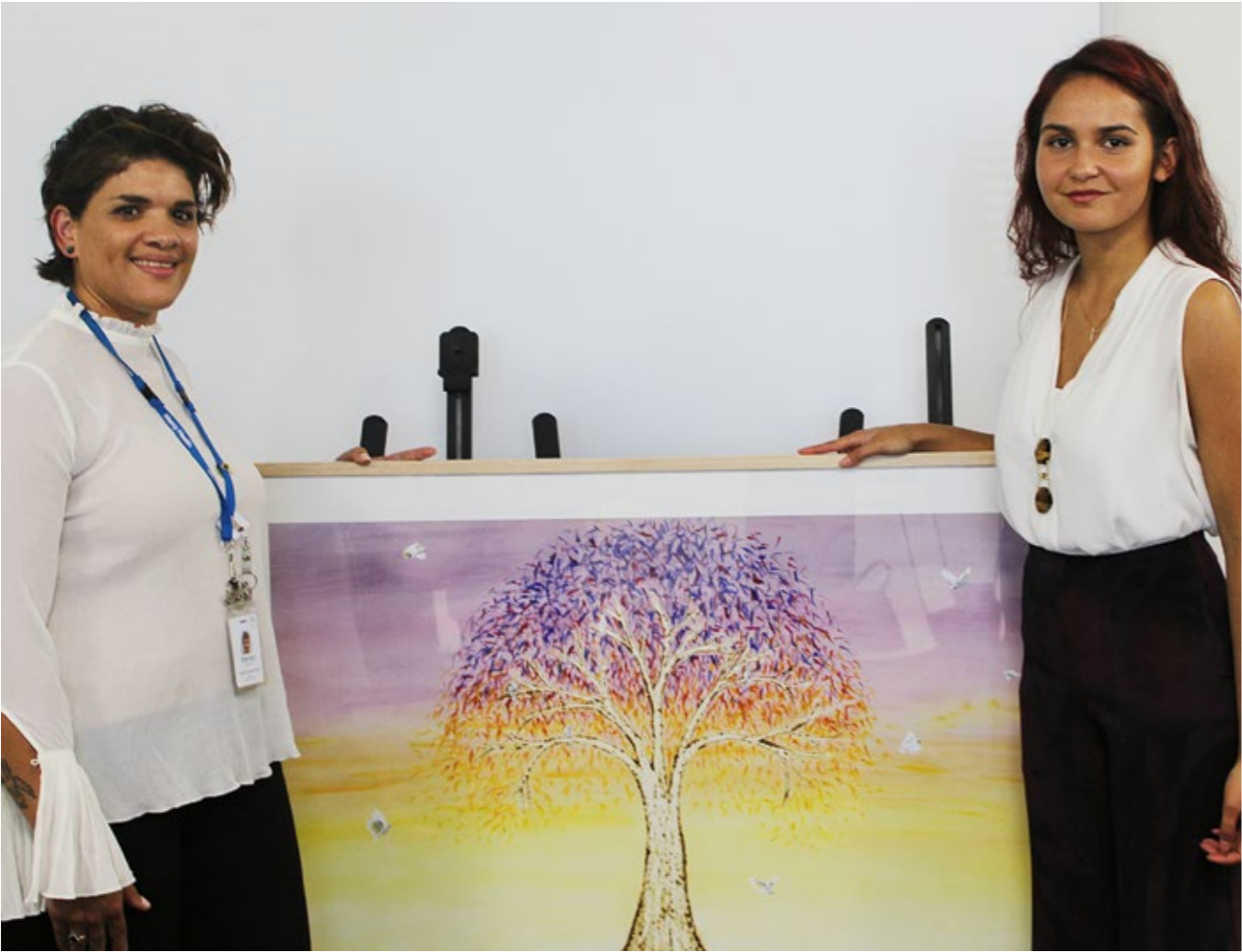
Mercy Perinatal was officially launched on 5 December 2016 at the Melbourne Museum, following the successful Mercy Perinatal Global Obstetric Update 2016 – Science, 1–3 December 2016.

### Werribee Mercy Hospital Fellow in Anaesthesia

Notification was received from the Australian and New Zealand College of Anaesthetists that Werribee Mercy Hospital satisfied the Provisional Fellowship Program requirements for the establishment of a Fellow position in Anaesthesia. This is a tremendous advancement for Werribee Mercy Hospital and supports the ability to provide accredited anaesthesia training.

### Reconciliation Action Plan

Staff, patients and visitors joined in celebrating the launch of our Health Services’ inaugural Reconciliation Action Plan on 15 February 2017. The plan outlines Health Services’ commitment to closing the gap and improving health outcomes and experiences for our First Australians. The plan also sets out the steps that will be taken over the coming year to strengthen our commitment to providing a culturally safe work and care environment.



Marika Jackomos, Manager Aboriginal Programs at Mercy Hospital for Women with artist and fashion designer Lyn-AI Young at the Reconciliation Action Plan launch

## Highlights 2016/17 (cont.)

### Weelam-ik-Murrup Dornong

We were extremely pleased to commission a new Aboriginal and Torres Strait Islander space at Werribee Mercy Hospital, which provides a culturally safe environment for patients, visitors and staff. The room was named ‘Weelam-ik-Murrup Dornong’ which is a combination of both Boonwurrung and Woiwurrung (Wurundjeri) language words that translate to ‘My Home, life, heart’.

### NAIDOC Week celebrations

A number of events were celebrated in July 2016 in recognition of NAIDOC Week. Celebrations at Werribee Mercy Hospital and Mercy Hospital for Women (Heidelberg) highlighted the importance of ‘Songlines’ and how they connect Aboriginal and Torres Strait Islander people to Country and the Country to people. Our Heidelberg celebrations were conducted in conjunction with Austin Health, which signified the importance of working together to provide culturally appropriate services that improve health outcomes for Aboriginal and Torres Strait Islander people.

## Better Care Victoria – Obstetric Triage Decision Aid

Mercy Hospitals Victoria Ltd was one of 15 Victorian health services to receive funding through Round 1 of the Better Care Victoria Innovation Fund. The initiative received \$319,570 for the development and validation of an obstetric triage tool which will support the consistent, accurate and timely triage of pregnant and postpartum women in emergency departments and maternity units. The concept for the tool was developed by the Nurse Unit Manager of Mercy Hospital for Women’s Emergency Department. Development is underway to produce a digital triage tool for wider use across the sector.

### Healthy Happy Beginnings

Healthy Happy Beginnings has continued as a culturally appropriate model of pregnancy care for Karen women from Burma. Delivered in partnership with the City of Wyndham, the Victorian Cooperative on Children’s Services for Ethnic Groups and the Murdoch Childrens Research Institute, the service delivers holistic antenatal care from a local maternal and child health centre. Mercy Hospitals Victoria Ltd was delighted that ‘Healthy Happy Beginnings: innovation to promote refugee child and family health’ was a finalist in the 2016 VicHealth Awards in the category of ‘Improving Health Equity’.



NAIDOC Week 2016 celebrations at Werribee Mercy Hospital

Highlights 2016/17 (cont.)

Mercy Health O’Connell Family Centre

Mercy Health O’Connell Family Centre underwent periodic review in December 2016 and was successful at survey against both the Equip5 and Department of Health and Human Services Standards. The centre received outstanding results in the areas of quality management, risk management, medication safety, infection control and medical records management. The work of the centre closely aligns with the mission of Mercy Health and focuses on the needs of vulnerable families and young children.

Werribee Mercy Hospital expansion of surgery

Throughout the year, Werribee Mercy Hospital has continued to expand surgical services with the appointment of new surgeons and the provision of additional surgical lists. Given the extent of future growth set to occur at Werribee Mercy Hospital, this is an important step that aligns with broader plans to increase the capacity and capability of our workforce.



A family enjoying lunch at Mercy Health O’Connell Family Centre

Werribee Mercy Hospital Emergency Department

Mercy Hospitals Victoria Ltd successfully secured \$212,000 from the Department of Health and Human Services for the Werribee Mercy Hospital Emergency Department Violence Reduction Project. The project involves reconfiguring the triage area and security office within the Werribee Mercy Hospital Emergency Department to improve staff and security visibility to the entire waiting area.

Werribee Mercy Hospital also secured funding in early 2017 to open three additional Emergency Department cubicles. The funding was part of Victorian Government’s plan to improve ambulance response times. It supports Werribee Mercy Hospital’s ability to facilitate the timely handover of patients arriving by ambulance. The three new cubicles have improved patient flow through the Emergency Department and helped provide more timely access to care.

Highlights 2016/17 (cont.)

Werribee Mercy Hospital Emergency Access Collaborative

Werribee Mercy Hospital continues to participate in the Better Care Victoria Emergency Access Collaborative to take a whole-of-health-service approach to addressing constraints in patient flow. Streams have been focussed on improving patient flows across the entire hospital, with a particular emphasis on improving access to care for emergency and mental health patients.

Werribee Mercy Hospital redevelopment

Victorian Government Minister for Health Jill Hennessy and Member for Werribee Tim Pallas officially marked the start of the Werribee Mercy Hospital Stage 1C redevelopment with a sod turning on 10 March 2017. Work on the \$87 million project (inclusive of a \$2 million Mercy Health contribution) is progressing well and will significantly improve hospital capacity and capability once commissioned.

Werribee Mercy Hospital Mental Health expansion

Construction of Stage 2 of the Clare Moore Building has continued and is due to be commissioned in early 2017/18. The new capacity offered by this purpose-built facility will

significantly improve access to acute mental health services for people living in the south western metropolitan region.

Werribee Mercy Hospital Master Plan

The Werribee Mercy Hospital Master Plan is under review and will be informed by a refresh of the Werribee Mercy Hospital Service Plan 2016. According to census figures, the City of Wyndham has grown more than any other municipality in Victoria over the past five years. The Master Plan must capture the full range of hospital facilities required to meet the healthcare needs of the catchment population into the future.

Strengthening Hospitals’ Response to Family Violence

Mercy Hospitals Victoria Ltd implemented the Strengthening Hospitals’ Response to Family Violence Program with funding received from the Department of Health and Human Services. A whole-of-hospital response to family violence is under development and will include staff training to better support patients and staff who are experiencing family violence. The project will see improved outcomes for our vulnerable patients and families through sensitive and confidential assistance.



L-R: Mercy Health Group Chief Executive Officer Adjunct Professor Stephen Cornelissen, Member for Werribee Tim Pallas, Mercy Health Executive Coach and Mentor Sr Helen Monkivitch RSM AO, Victorian Government Minister for Health Jill Hennessy, Mercy Health Chairman Julien O’Connell, Sr Faye Kelly RSM and Mercy Health Chief Executive — Health Services Adjunct Professor Linda Mellors turning the first sod at Werribee Mercy Hospital

# Research

## Mercy Health’s rich culture of innovation has continued to generate plentiful and promising research across our health services in 2016/17.

Our research community has continued to lead the way in perinatal, urogynaecological, gynaecological, oncological, endosurgical, midwifery, allied health, anaesthetics and mental health research.

More detail on our research and development activity is available in the 2016 Research Report (visit the publications section of the Mercy Health website).

### Highlights

#### Launch of Mercy Perinatal

Launched on 5 December 2016 under the leadership of co-directors professors Sue Walker and Stephen Tong, Mercy Perinatal is a leading international centre of excellence uniting education, clinical care and research. Therapeutic

and diagnostic concepts have already been taken from initial discovery in the laboratory to major international trials.

Research teams now under the Mercy Perinatal banner have identified a promising drug treatment to replace surgery as a way to treat **ectopic pregnancy**, in which a fertilised egg grows outside the womb. This concept is currently undergoing a large multicentre clinical trial in the United Kingdom.

Another Mercy Perinatal team is attempting to combat **stillbirth** through development of blood tests to aid treatment decisions. Two studies are underway into this tragedy that affects about one in 130 pregnancies in Australia: the Fetal Longitudinal Assessment of Growth (FLAG) Study and the Fetal Oxygenation (FOX) Study.

Another focus of Mercy Perinatal is **preeclampsia**, which affects five per cent of women and claims the lives of about 70,000 women and half a million babies worldwide each year. A translational drug screening pipeline has been established to discover new treatments for this major complication of pregnancy.



L-R: Mercy Health Group Chief Executive Officer Adjunct Professor Stephen Cornelissen, Mercy Health Chief Executive — Health Services Adjunct Professor Linda Mellors and Parliamentary Secretary for Medical Research Frank McGuire, with Mercy Perinatal co-founders professors Stephen Tong and Sue Walker at the Mercy Perinatal launch

## Insights into gestational diabetes in pregnancy

Physiotherapist Anne Harrison and her research team are building evidence to explain why patient uptake of recommended lifestyle changes can be challenging, and how exercise can improve outcomes for mothers and their babies.

The ultimate aim of the research is to improve the engagement of women with gestational diabetes mellitus (GDM) to be more physically active in line with current health guidelines and recommendations. This in turn could reduce health risks for both mother and baby.

Review and analysis showed that aerobic or resistance exercise, performed at a moderate intensity at least three times a week, safely helps to control blood glucose levels after a meal, fasting blood glucose levels and the longer-term measure of glycated haemoglobin in women diagnosed with GDM. A second systematic review and analysis examined pregnant women’s attitudes, barriers and enablers towards physical activity, including a subset of those with GDM.



Physiotherapist Anne Harrison

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

# Our people

## Highlights 2016/17

### Introduction of Leadership Development & Culture Building Program

Mercy Health introduced the Leadership Development & Culture Building Program for leaders and emerging leaders across Health Services. The program was developed in conjunction with the Advisory Board Company and will be offered annually over a period of three years to develop leadership capacity, adaptability and resilience across the division.

Participants in the first round of the program have graduated and now form an alumni group. Participants of the second round are embracing the opportunity to think differently about their work, their role and how they can lead the mission of the organisation in changing and challenging times.

### Leadership & Mission

Mercy Health is systematic and intentional in its approach to cultivating leadership, encouraging leaders to explore and be inspired by the charism of our Foundress, the Venerable Catherine McAuley. Throughout 2016/17, this approach was embedded through Formation programs. Mercy Hospital for Women and Werribee Mercy Hospital

both have Ethos, Values and Culture committees. Committee chairs and their direct reports are essential in ensuring the Mission is alive in the workplace. In partnership with the Mercy Ethos Team, Mercy Health conducted 81 Formation sessions and supported 830 staff, including about 220 Mercy Hospitals Victoria Ltd staff, to participate in Mission Formation activities. The Mercy Health Executive and Board also developed their own Formation Plan to ensure governance of the Mission.

### Living Our Values awards

These awards recognise and reward our people for behaviours that align with our mission, vision and values. Health Services has seen an increase in nominations, with 106 staff recognised at local award celebrations and at our annual Leadership Day in December.

### Service recognition

In conjunction with Mercy Day celebrations, 495 employees, volunteers and retirees from Mercy Hospitals Victoria Ltd were recognised in September 2016 for their loyalty and dedication after having reached a milestone of between five and 40 years of service with Mercy Health. Festivities included local award ceremonies and our Annual Service Recognition Celebratory Dinner hosted by Group Chief Executive Officer Adjunct Professor Stephen Cornelissen, to acknowledge those celebrating 10, 20, 30 and 40 years of service.



Mercy Health staff participating in the Mercy Ethos Program in Dublin

### Leadership Day

Mercy Health Leadership Day, focused on the topic of Equity and Inclusion, was attended by 165 current and emerging leaders from Mercy Hospitals Victoria Ltd. Mercy Health has a proud record of annual leadership days, led by outstanding keynote speakers who share inspiring and thought-provoking insights. Attendees are also given the opportunity to network with colleagues and reflect on the challenges and triumphs faced throughout the year.

### Medical credentialing

The credentialing of medical staff is one of the most important roles performed by the Office of the Chief Medical Officer. It is part of the appointments and scope of practice process coordinated with the Medical Credentialing and Appointments Committee, which includes senior medical leaders and a human resources manager as members.

All medical staff across Health Services are credentialed by a common, consolidated process. This ensures all documentation is completed and all staff are assessed and qualified to perform the work they do. Credentialing is repeated at least every five years for senior medical staff.

### Awards

*Better Practice Awards 2016:*  
Mercy Health Residential Aged Care: FIT for the future

*2016 Catholic Health Australia Awards:*  
Emerging Leader  
Professor Stephen Tong, Mercy Hospital for Women

*CEO Magazine Executive of the Year Awards:*  
CEO of the Year and Health & Pharmaceuticals  
Executive of the Year  
Group Chief Executive Officer Adjunct Professor  
Stephen Cornelissen

*7th Asia Best Employer Brand Awards 2016:*  
Best Use of Technology for Recruiting Award  
Mercy Health and Sonru

*Catholic Health Australia Shark Tank Award:*  
Best Communications Strategy  
Tegan Mortimer and Elizabeth Thomas,  
Mercy Hospital for Women

*Spiritual Care Australia:*  
Best of Care: Outstanding Team  
Mercy Hospital for Women and Werribee  
Mercy Hospital Pastoral Care teams

*Australasian Gynaecological Endoscopy  
and Surgery (AGES) Conference:*  
Best scientific paper  
Dr Prathima Chowdary, Endosurgical Fellow,  
Mercy Hospital for Women

*Johnson's Mums' Midwife of the Year Award (Victoria):*  
Robyn Smith, Mercy Hospital for Women

*Perinatal Society Australia and New Zealand awards:*  
Best presentation new investigator award (Obstetrics  
and Gynaecology) and Mont Liggins Early Career Award  
Teresa MacDonald, Mercy Hospital for Women

### Finalists

VicHealth Awards: Healthy Happy Beginnings  
Victorian Healthcare Association Workforce Innovation  
Awards: Sonru, Thrive @ Mercy, Leadership Capability  
Framework, Stepping Stones



Mercy Health Group Chief Executive Officer Adjunct Professor Stephen Cornelissen accepting CEO Magazine's CEO of the Year Award

## Our workforce

Mercy Hospitals Victoria Ltd welcomes staff who reflect the diversity of the communities we serve. We are committed to recruiting and selecting a highly skilled workforce through fair, equitable and transparent processes. All decisions on recruitment and selection are based on merit.

As such, recruitment and selection decisions are based on matching the applicant's skills, experience and qualifications to the selection criteria for the position.

Category	2016 (June month)	2017 (June month)	2016 (YTD June)	2017 (YTD June)
Administrative and clerical	215.6	236.7	214.2	231.1
Ancillary support services	77.4	141.0	73.7	131.8*
Hospital medical officers	165.7	176.5	148.0	162.1
Hotel and allied	168.0	181.9	161.0	181.9
Medical officers	20.4	25.5	22.4	24.6
Medical support services	90.3	42.2	88.2	41.9*
Nurses	1,094.1	1177.2	1,059.8	1127.4
Sessional clinicians	70.2	73.6	70.3	74.0
<b>Total</b>	<b>1,901.8</b>	<b>2054.6</b>	<b>1,837.6</b>	<b>1974.8</b>

Note: All figures based on full-time equivalent.

\*In 2016/17 there was a readjustment to how the support services roles were classified into workforce categories. This has resulted in a change to the distribution between ancillary support services and medical support services when comparing to previous years. In comparing the last two years of data for these two workforce categories overall there has been an increase of 11.8 FTE.

Mercy Hospitals Victoria Ltd works to ensure the recruitment and selection process is applied consistently, resulting in the appointment of high-calibre employees and satisfying equal opportunity principles and obligations.



Maternal Fetal Medicine specialist Dr Lisa Hui



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 information was produced on Wurundjeri Country.



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