



Mercy Health
Care first



Mercy Health

Quality of Care Report
2013/14

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Cover image (clockwise from left): Deepthi Chirtneni,
Jannalli Rae Brown, Margaret Dennis

WHO WE ARE TODAY

Mercy Health provides compassionate, high quality care for people in Victoria, southern New South Wales, Western Australia and the Australian Capital Territory.

Mercy Health is a Catholic organisation grounded in a 2,000-year tradition of caring for others. Founded by the Sisters of Mercy, Mercy Health employs more than 6,000 people who provide acute and subacute hospital care, aged care, mental health programs, maternity and specialist women's health services, early parenting services, home & community care services and health worker training and development. Mercy Health employs people from many cultures and backgrounds who, irrespective of their beliefs, share a common bond to care for those in need.



WELCOME

This report shows the many ways we care for our community. It covers our health services, residential aged care services and home and community care services

On behalf of Mercy Health board, executive, management, clinical and quality teams, we are proud to present this year's *Mercy Health Quality of Care Report*.

You may be reading this report because you or your family have been cared for by Mercy Health. You may be one of our dedicated caregivers, as a staff member or volunteer. You may be one of our valued supporters: a sponsor, donor or committee member. You may simply be interested in how we provide safe, high-quality and appropriate care for our community.

No matter which of these describes you, you are a key partner in Mercy Health's care. Your participation is vital to helping us refine and expand our care so we can continue to respond to the rapid changes in public health, community and aged care needs we are seeing every year.

Many of these changing needs are driven by the increasing and welcome diversification of our community. We are proud to showcase our advances this year in offering respectful, inclusive and appropriate care to culturally and linguistically diverse communities through our Multicultural Services. Equally our strides forward in opening pathways for our Aboriginal and Torres Strait Islander communities to access culturally safe care are living proof of our commitment to closing the gap on health outcomes in Australia.

We have also strengthened our links to community care providers to ensure even greater continuity of care for every person who needs it, for as long as they need it.

Every aspect of our care is guided by the template our Foundress Catherine McAuley forged more than 150 years ago. Catherine's mission to ensure the most disadvantaged in her society received the high-quality, compassionate care that is every person's right is proudly carried by today's Mercy Health caregivers.

This is particularly evident in the care we offer at the frontlines of greatest community need. Our outreach support for homeless people living with severe mental illness and those facing end-of-life have direct antecedents in the earliest Sisters' ground breaking ministry to those in the most extreme hardship.

Throughout this report you will hear the voices of those whom Mercy Health serves. We are privileged to care for them and, as their stories attest, committed to keeping them at the centre of all we do.

We hope you enjoy the *Mercy Health Quality of Care Report*.

This report shows the many ways we care for our community. It covers our health services, residential aged care services and home and community care services.

Adjunct Professor Stephen Cornelissen
Chief Executive Officer

Mr Julien O'Connell
Chairman





OUR VISION

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

OUR VALUES

Our values reflect the key behaviours that guide our interactions with each other and those we serve:

- Compassion: we are present for others in their time of need
- Hospitality: we welcome people with warmth and offer comfort
- Respect: we respect the sacredness of the gift of life; we act with integrity and justice and value each person's dignity
- Innovation: we strive to create a dynamic environment which encourages creativity and diversity
- Stewardship: we build and strengthen our ministry and all resources entrusted to us
- Teamwork: we work together to progress the Mercy mission.

OUR MOTTO

Mercy Health's motto is 'Care First': everything we do is guided by the needs of the people in our care.

Mercy Health's motto is 'Care First': everything we do is guided by the needs of the people in our care. ”

Quality and safety

Clinical governance is the system by which our services are responsible and accountable for providing safe, quality care. Clinical governance is an essential part of good governance. We regularly review our governance processes and systems to ensure they form the basis for our staff to provide safe, high-quality care.

Clare Grieveson, Executive Director
Quality and Risk

Our clinical governance is based on three action areas:

- those we care for and their families are central
- information directs care
- organised for safety.

In 2013 we reviewed the way in which we viewed and managed quality within Mercy Health. The outcome was the development of the Quality Framework 2014. This framework helps us to achieve 'care first' by:

- defining high-quality care and services at Mercy Health
- outlining quality goals
- describing the supports needed to create, monitor and improve the consumer's quality experience
- identifying clear roles and responsibilities at each level of the organisation
- using the various care standards and accreditation requirements to support quality care.



Graduate nurses
Nicole Ballantyne,
Sally Luu and
Alice Howden

Our quality goals

Person-centred: we are partners in your care

Integrated: coordinated care

Safe: you are safe

Effective and appropriate: right care, right time, right outcome

Everyone at Mercy Health has an important role to play in achieving these goals. From the people who care directly for patients, residents, clients and their families to those who provide support systems for caregivers, our care is a team effort.

Monitoring, reviewing and improving care

We have a range of systems and processes to help us achieve our quality goals, including:

- quality plans that identify areas for improvement in care and service delivery, and ongoing tracking of activity and outcomes against these plans
- committees that both monitor performance and drive improvements in the areas of care that present the greatest risk
- policies, procedures and guidelines which promote the delivery of safe, high-quality care which we review regularly

- reviewing of major complications and unexpected deaths to ensure the care was appropriate and to identify opportunities for improvement
- reviewing, measuring and monitoring of incidents and complaints, using the information to improve care and service delivery
- collection of data on a range of processes and outcomes (auditing and indicator reporting) and measurement of the results against our stated requirements, previous performance (internal benchmarking) and other healthcare services performance (external benchmarking)
- reviewing of positive feedback (compliments) to identify how and where processes work well.

Information on these activities is monitored by our Executive and reported regularly to the Mercy Health Board.

External review of the quality of care and services

One of the ways Mercy Health can assure the community we are delivering safe, quality care and continually working towards improving that care is through accreditation. Accreditation is an independent review of our performance against a set of standards across a range of areas.

HOME AND COMMUNITY CARE

These services undergo quality reviews against the Home Care Standards. The Standards include 18 required outcomes and reviews take place every three years. In addition, there are regular reviews by various funding bodies, such as the Department of Veteran Affairs.

HEALTH SERVICES

From January 2013, all hospitals in Australia are now assessed against a new national accreditation program which consists of ten National Safety and Quality Health Service Standards.

The ten Standards are:

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

Our health services in Victoria and New South Wales are going through this new accreditation process in the second half of 2014.

RESIDENTIAL AGED CARE

Our aged care services undergo accreditation by the Aged Care Standards and Accreditation Agency. This takes place every three years and each aged care home is measured against 44 outcomes. Unlike Health Services, aged care homes receive both announced and unannounced visits by the Agency throughout the year. The visits present a great opportunity for Mercy Health to prove the high standard of care and services we offer our residents every day.

All Mercy Health residential aged care homes have remained fully accredited for 2013/14, thanks to the loving care, skill and dedication of our staff.

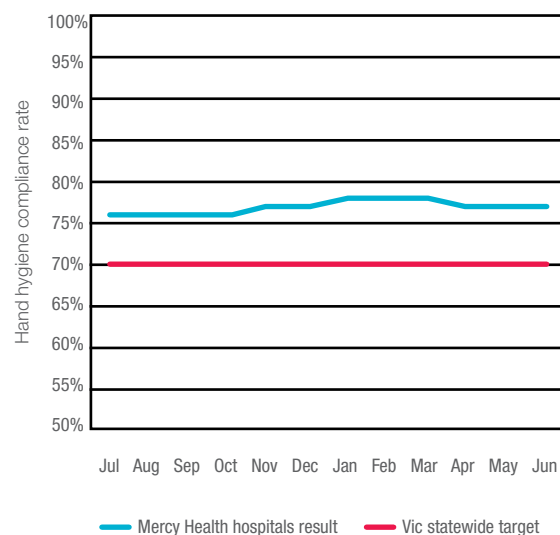
Preventing infection

Our Infection Prevention and Control Committee (Health Services) and Infection Control Nurse Consultants (all services) take a proactive approach to the prevention of infection, such as giving staff the opportunity to receive the annual influenza vaccination at no cost. This year we met the benchmark set by the Victorian Department of Health for vaccinations. Our Committee and Nurse Consultants also provide expert advice on effectively managing infections when they occur.

HAND HYGIENE

Hand washing is one the most important ways to prevent the spread of infection. This is why we regularly monitor staff compliance with hand hygiene. The Department of Health sets a target of 70% compliance for hospitals in Victoria. We were continually above this target during 2013/2014.

HAND HYGIENE AUDITING RESULTS



CENTRAL LINE INSERTION PRACTICE (CLIP) PROJECT

A central line is a long thin tube used to deliver fluids or medications to patients, mainly while in hospital. They can sometimes become infected. The CLIP project was launched at Mercy Hospital for Women's Neonatal Intensive Care Unit and looks at each step in the insertion process to reduce the risk of infection. This includes hand hygiene practices, staff clothing (gowns and gloves) and patient preparation practices (skin disinfection, choice of insertion site, minimal touch techniques). We report this data and it is then compared to other health services. The first report showed we compare favourably with a 92% compliance rate. We will continue to take part in the CLIP project and will extend monitoring and support of infection control practices around central line insertions to all areas of the health service in 2014/15. We will achieve this through education, surveillance and audit.

KEEPING OUR HEALTH SERVICES AND AGED CARE HOMES CLEAN

The Health Services cleaning teams continue to deliver a high standard of cleaning to all areas of our hospitals. Each year, we undertake both internal and external cleaning audits. The cleaning audit allocates each area to a category based on the level of infection risk. There are four levels of risk: Very High Risk, High Risk, Moderate Risk, and Low Risk. Areas included in the Very High risk category are operating theatres, intensive care units, special care nurseries, sterilising departments and certain patient treatment areas. We continue to achieve scores that are higher than the acceptable rate. Our external audits for 2013/2014 returned a score of 97.

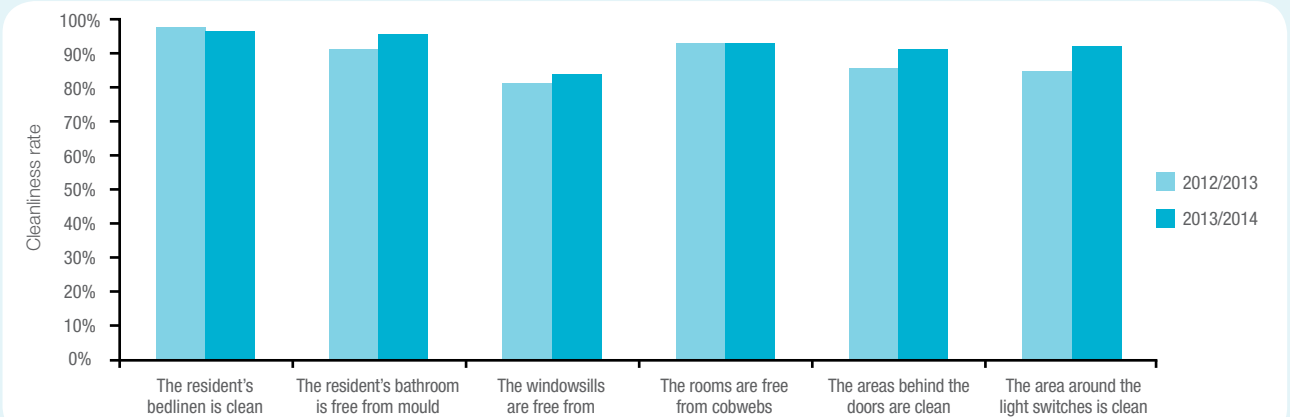
The cleaning staff in our aged care homes also deliver a high standard of cleaning to our residents. We regularly audit the cleanliness of various areas including resident rooms, communal living areas and food preparation areas.

We continue to achieve scores that are higher than the acceptable rate

STANDARDS OF CLEANING AT MERCY HOSPITALS

MERCY PUBLIC HOSPITALS			
Risk category	Internal results		Statewide acceptable quality level
	Mercy Hospital for Women	Werribee Mercy Hospital	
Very High	94.5	94.1	90
High	92.3	94.6	85
Moderate	84.9	92.8	85
Low	93.9	93.8	85
Overall	91.4	93.8	-

RESIDENT ROOM CLEANLINESS AUDITS 2012/2014



Medication safety

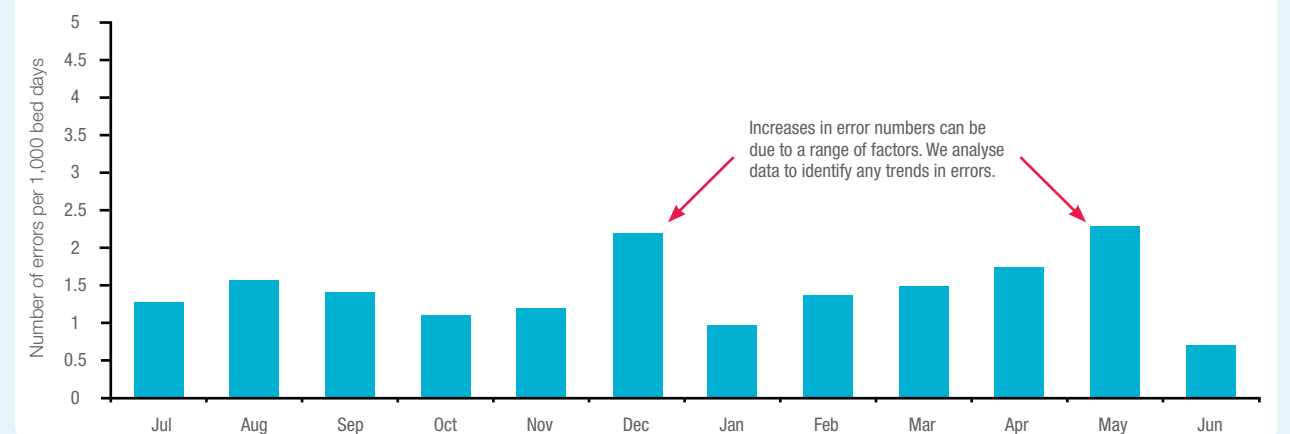
Medicines are the most common treatment used in health care in hospitals, in aged care homes and in the community. This means there is an increased risk of errors occurring when compared to other forms of treatment. Mercy Health places great importance on the safe and effective use of medications. We have various processes and systems in place to minimise this risk.

HEALTH SERVICES

The systems and practices which support medication safety include:

- Medication Safety Committee: responsible for monitoring, evaluation and recommendations regarding medication management including implementation of 'best medication history possible' practice and Medication Management plans
- National Recommendations for User-applied Labelling of Injectable Medicines, Fluids and Lines: implemented in 2014
- 'Best Medication History Possible' practice and Medication Management plans
- Pharmacy Department: as well as supplying medications, the pharmacy staff provide information and education to staff and patients; we increased our pharmacy staffing levels this year to ensure we continue to deliver a high quality service
- Antimicrobial Stewardship Working Group: responsible for monitoring and reviewing the use of antibiotics across the health services
- reporting and monitoring of medication incidents to identify opportunities for system improvements
- National Inpatient Medication Chart: a standard chart used across the organisation to record the prescription and administration of medications
- medication audits: we undertake a range of audits including on medication charts, medication refrigerator temperatures, labelling of IV lines, and drug storage and security.

REPORTED MEDICATION ERRORS MPHI (VIC) 2013/14 – PER 1,000 BED DAYS



NATIONAL ANTIMICROBIAL PRESCRIBING SURVEY RESULTS FEBRUARY 2014

AREA	MERCY HOSPITAL FOR WOMEN	WERRIBEE MERCY HOSPITAL	NATIONAL DATA
Compliance with therapeutic guidelines	70.0%	69.0%	55.1%
Appropriateness of antimicrobials	78.6%	73.4%	69.3%
Documentation of indication	87.1%	98.1%	71.5%

Antimicrobials are drugs used to treat infections caused by microorganisms such as bacteria.

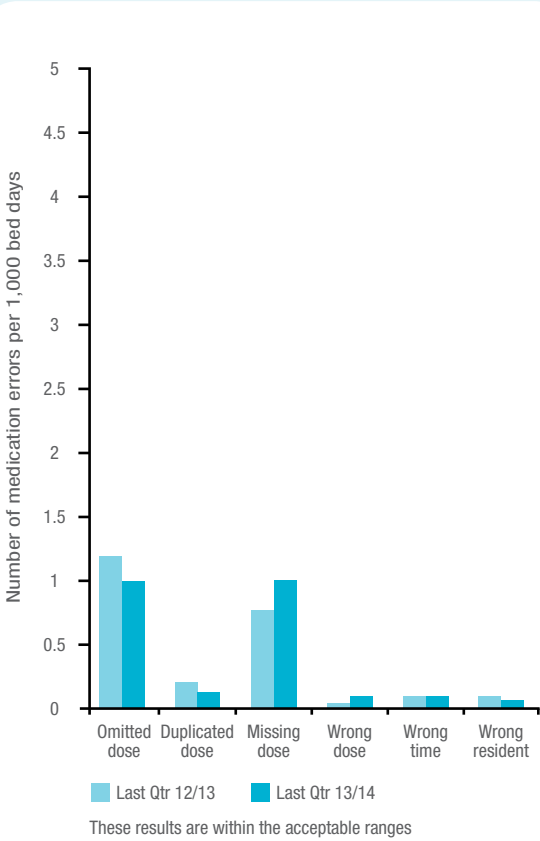
RESIDENTIAL AGED CARE

The systems and processes in place at our aged care homes include:

- Medication Advisory Committee: responsible for monitoring, evaluation and recommendations regarding medication management
- Medication competency: staff who assist with or administer medication are regularly assessed on their competency to do so
- reporting and monitoring of medication incidents to identify opportunities for system improvements
- medication audits: we undertake a range of audits including on medication charts, medication refrigerators, medication trolleys and medication security.

Staff who assist with or administer medication are regularly assessed as to their competency

MEDICATION INDICATORS IN RESIDENTIAL AGED CARE



Pressure injury prevention

Pressure injuries can greatly reduce people’s quality of life and increase care costs. A pressure injury is an area of damage to the skin and underlying tissue caused by pressure or friction. These injuries often form over bony areas such as heels, ankles and lower back. They are particularly common in people who have trouble moving, are immobile (for example lying in bed for extended periods), have poor nutrition or have age-related loss of feeling in their legs and feet. While older people are especially vulnerable because their skin usually becomes thinner and more fragile with age, pressure injuries can occur in children or adults of any age. Mercy Health regularly reviews the processes and systems we have in place to prevent pressure injuries.

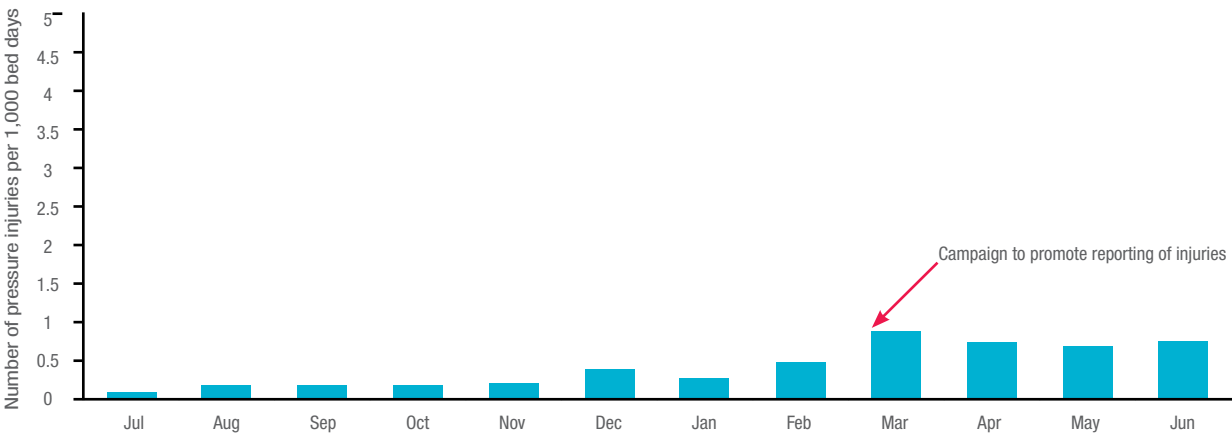
Most pressure injuries are preventable.

HEALTH SERVICES

During 2013/14 our health services have introduced a pressure risk assessment process for all patients which includes providing a range of assessment tools suitable for all types and ages of patients. We formed a Pressure Injury & Nutrition Committee (PINC) to monitor, evaluate and make recommendations on preventing and managing pressure injuries. This includes reviewing the pressure-relieving equipment available (such as air mattresses and cushions). We also introduced a patient information brochure on preventing pressure injuries.

A Pressure Injury Point Prevalence Survey (PIPPS) was undertaken across both Mercy Hospital for Women and Werribee Mercy Hospital in the first quarter of 2014. This meant assessing every patient in the hospitals on the day of the survey for the presence of pressure injuries. It included both injuries that the patient had when they were admitted (community acquired) and those that may have developed while in our hospitals.

REPORTED PRESSURE INJURIES MPH (VIC) 2013/14



THE RIGHT PERSON

In our hospitals, patient identification is an activity that is performed frequently but can often be seen as a relatively unimportant task.

Mercy Health has adopted the “three identifiers” which involves asking the patient to provide their name,

address and date of birth at various times throughout their stay.

We have also reduced the information contained on the patient armband and checked at other times to these three key pieces. These simple, standard practices can be a powerful defence against simple mistakes that may progress and cause harm.

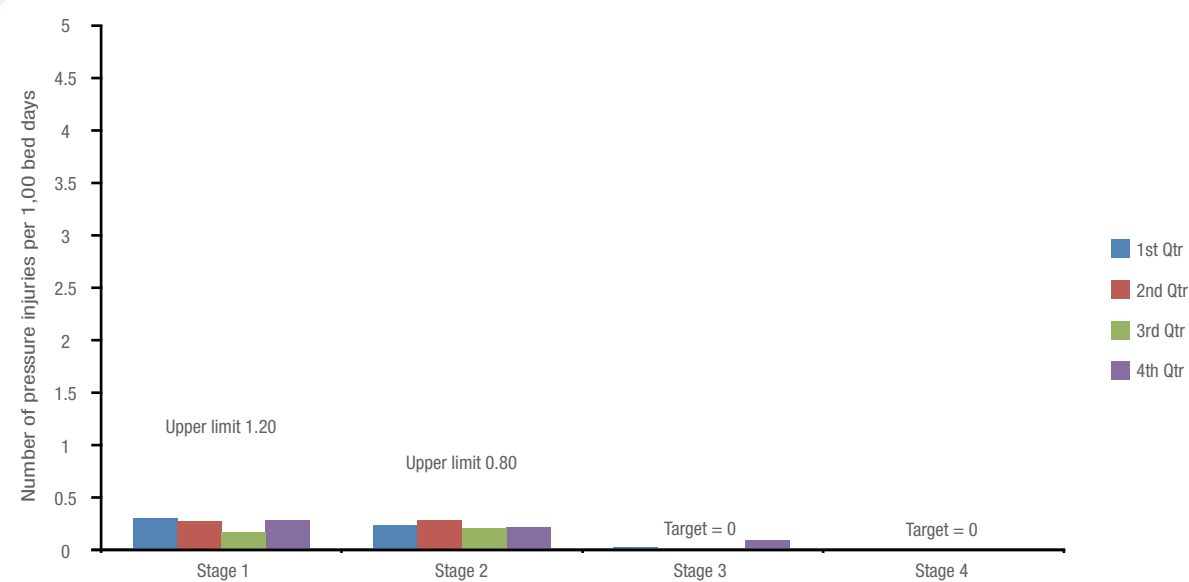
RESIDENTIAL AGED CARE

Our aged care homes closely monitor the potential for pressure injuries. We assess residents' skin, mobility and nutritional status to identify their risk level. We then implement appropriate strategies to minimise their risk of developing a pressure injury.

Pressure injuries are reported according to the stage of the injury: Stage 1 is the least severe and Stage 4 is the most. Our rate of Stage 1 and 2 pressure injuries is well under the statewide target for all of the reporting period. Our Stage 3 injuries were slightly above the target rate for half of the reporting period and our rate of Stage 4 injuries met the target of zero.

“We assess residents’ skin, mobility and nutritional status to identify their risk level. We then implement appropriate strategies to minimise their risk of developing a pressure injury.”

REPORTED PRESSURE INJURIES RESIDENTIAL AGED CARE 2013/14



Preventing falls

Falls are a leading cause of hospital-acquired injury, and often prolong or complicate hospital stays. For our residents in aged care they can be even more devastating. Up to half of these falls cause serious injuries such as fractures, which affect independence, function and quality of life. Falls can happen for many reasons but people who are ill, elderly, recovering from surgery or pregnant are at increased risk of falling. Mercy Health maintains a strong focus on both preventing falls and minimising harm from falls.

HEALTH SERVICES

In 2013 we reviewed our systems and processes for preventing and managing falls. As a result we formed a Falls Prevention Committee to monitor, evaluate and make recommendations on preventing falls and harm minimisation. We also worked with our consumers to develop a falls prevention brochure outlining how staff and patients can work together to reduce the risk of falling. We revised our falls risk assessment tools and extended screening to all patients, not just those we assume to be at risk. Our revised procedures include involving the patient and their carer or family in prevention planning.

More than a band aid solution

Wound management is an integral part of residential aged care as many residents experience age-related skin conditions. In 2013 Mercy Health commenced a Wound Care Management Project in our aged care homes. This used an evidence-based approach to review our wound care management. This project:

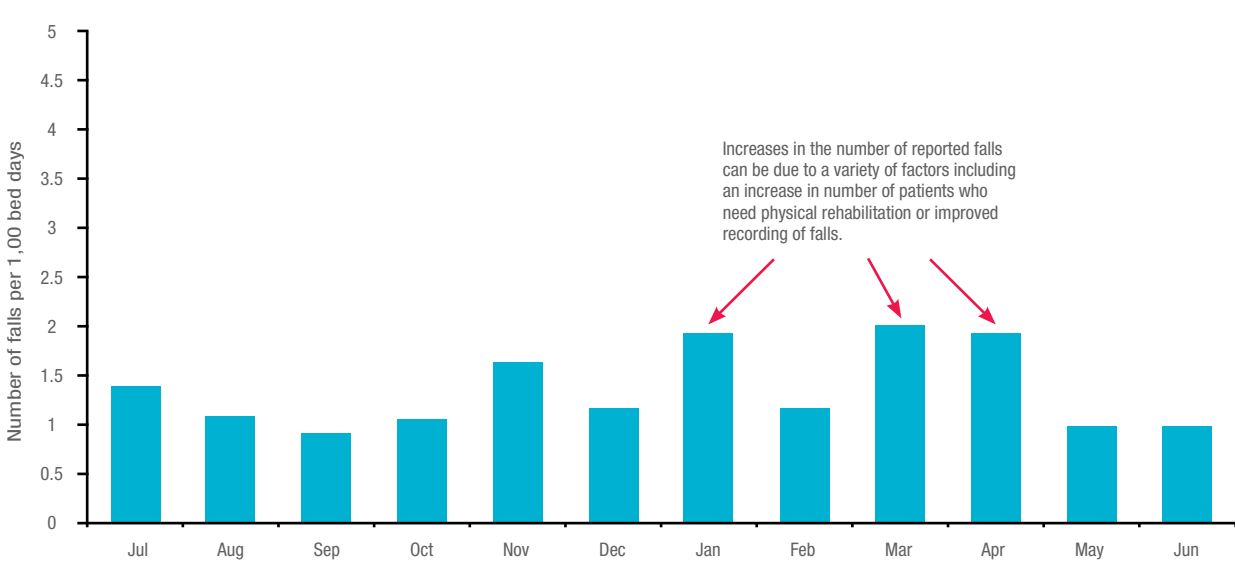
- reviewed wound care products currently in use – reduced from 600 products to 41 recommended products
- developed four new evidence-based best practice guidelines for the treatment of wounds
- educated staff on the use of the new products and guidelines.

A Skin Integrity Audit was undertaken in March 2014 followed by staff and management surveys. These showed:

- fewer skin tears and a reduction in pressure injuries in the first three months of 2014
- better understanding among staff about how to manage the main types of wounds that occur
- increased quality of reporting of wounds.

This project is being rolled out to our health services in the second half of 2014.

INCIDENTS REPORTED RELATING TO PATIENT FALLS MPH (VIC) 2013/14

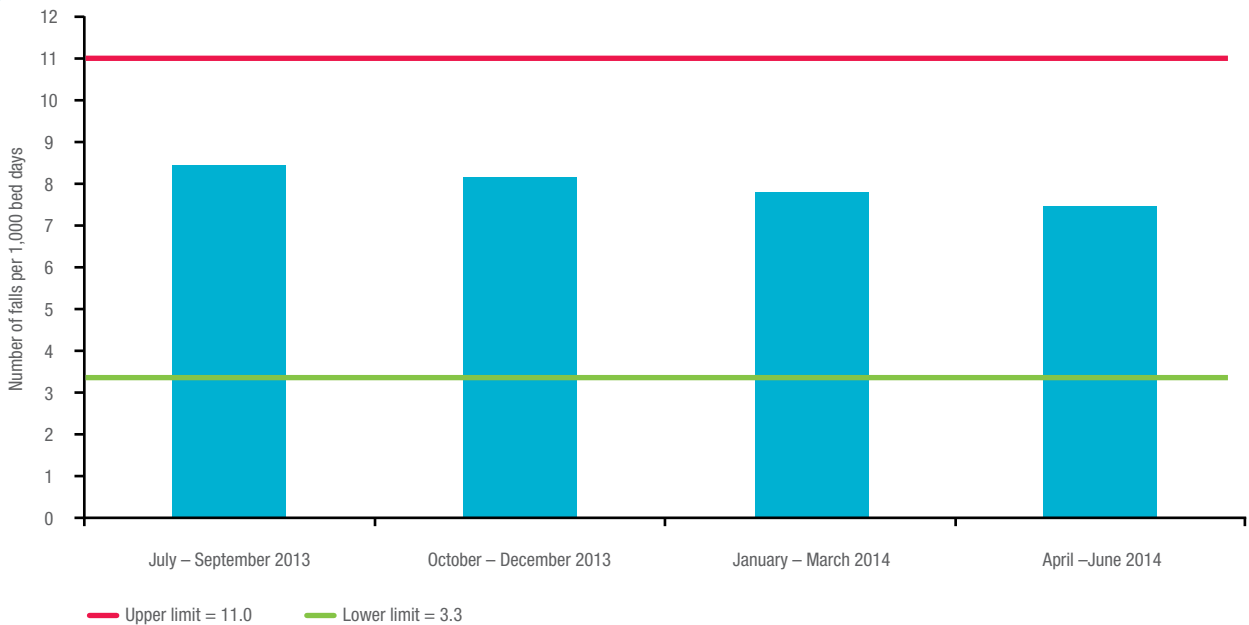


RESIDENTIAL AGED CARE

We regularly assess all residents to identify their risk of falling. This includes understanding the resident's past history of falls, their current medical conditions and medications they are taking. (We also perform a 'safe shoe' assessment, both when the resident is admitted and whenever a new pair of shoes is purchased). This assessment does not stop our residents from wearing their choice of shoes, but it enables staff to advise them about the potential risks associated with the shoes.

We regularly assess all residents to identify their risk of falling. This includes understanding the resident's past history of falls, their current medical conditions and medications they are taking.”

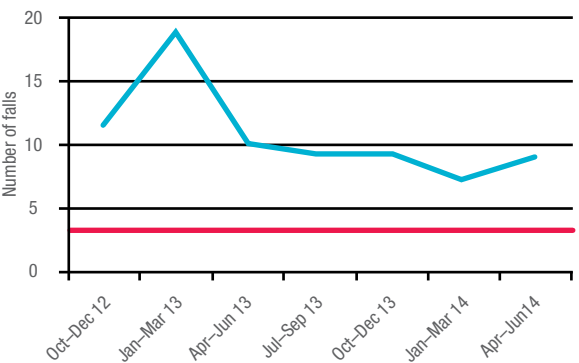
AGED CARE CONSOLIDATED FALLS JUL 13/JUN 14



Falls Prevention Project – Mercy Place Albury

Mercy Place Albury experienced a consistently above-average incidence of falls in 2012/13. After reviewing the data we found that a large number of the falls occurred when the resident was changing from sitting or lying to a standing position. This led to the introduction of the Compact Stick to Stand System. The system results in the ability to set the height of a bed, chair or other equipment individually for each resident. After we implemented the system the rate of falls steadily reduced.

This achievement has been shared across all of Mercy Health's residential aged care homes.



Falls Prevention Project – Colac

When Mercy Place Colac experienced a higher than average falls rate for the first half of 2012/13 they formed a working group to look at factors causing falls. One of the areas identified by staff was the need to have individualised toileting times for those residents at greatest risk of falls. As a result they implemented continence charting and undertook a trial in April-June 2013. This was so successful that they then rolled out the process to all areas of the facility. Their falls rate has remained below the upper limit since that time.

This achievement has been shared across all of Mercy Health's residential aged care homes.



Safe use of blood

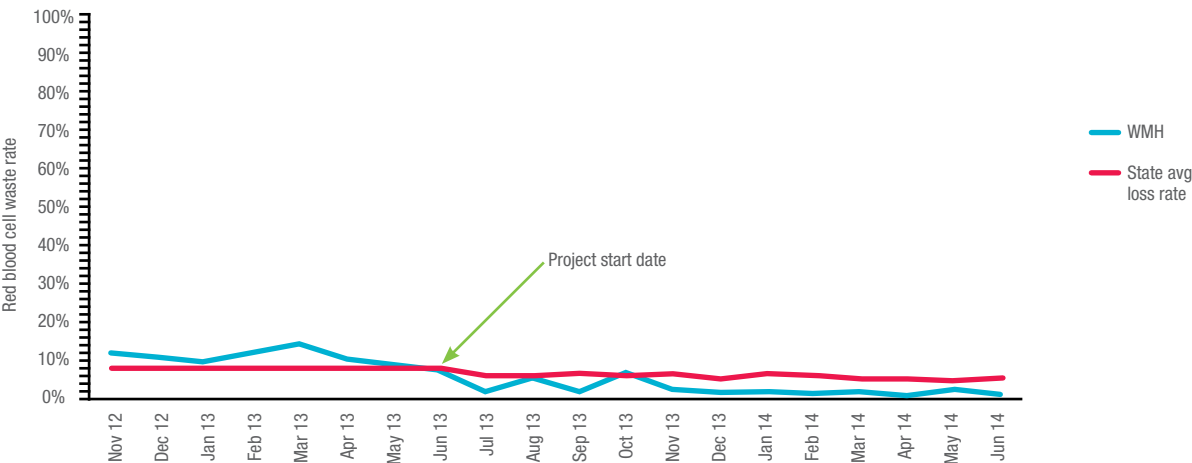
Blood is a vital and precious resource, and using it safely is an essential part of the care we provide in our hospitals.

In 2013, the Blood Transfusion Nurse led a campaign to promote the importance of having Consent to Transfusion to improve the rate of patient consent to blood products. In the 2013/14 period consent obtained for all non-emergency transfusions rose from 15% to 96%.

In early 2013 Werribee Mercy Hospital noted a high wastage rate of blood products (average of 11.5%).

This means that blood products had passed their expiry date and had to be discarded as they could no longer be used. Staff ran a project to review their blood handling processes, aiming to reduce the wastage rate of this valuable resource to be in line with the state average blood loss rate (8%). We worked in partnership with pathology staff and neighbouring health services to ensure we used blood stocks before their expiry date. In 2013/14 we not only met the state average but have far exceeded our expectations (average of 2.47%).

AVERAGE BLOOD WASTAGE (LOSS) RATE PER MONTH 2012/14



Responding to the deteriorating patient

Mercy Health works in some of the most critical areas of health care. We aim to respond promptly and effectively when the health of the patients in our care deteriorates. Our hospitals are leaders in this area with the introduction of the Maternity Observation and Response Chart (MORC). The chart sets out when and how the care of maternity patients should be escalated

and is proving effective in ensuring these patients receive safe, quality care.

We have also extended our PROMPT (practical obstetric multi professional training) project throughout Health Services to help clinicians recognise and respond to clinical deterioration. The project has been running for the past two years and has trained a large number of our maternity staff.

Consumer, carer and community participation



Your voice is vital to helping us shape our care

Who are consumers of Mercy Health?

Consumers are current and past patients of our health services, residents in our aged care homes and clients in our home and community care service. Consumers are also the potential future users of these services and their family members, and include people who live in the communities in which we deliver our services.

We use the term 'consumer' interchangeably with patient, resident, client and carer. We also use it to describe people who volunteer their time and expertise to help us develop and improve our services, such as our consumer representatives.

Mercy Health is committed to consumer, carer and community participation.

Consumer involvement at Mercy Health

There are a number of ways in which consumers and the broader community work with us to continue to deliver safe, quality care.

COMMUNITY ADVISORY COMMITTEE

The Mercy Health Community Advisory Committee (CAC) consists of consumers who generously give their time to provide strategic advice from a consumer, carer and community perspective. This helps us ensure Mercy Health understands and responds to the needs of the communities we serve.

The Committee:

- acts as a voice for the community
- fosters a culture based on Mercy Health's values
- supports key initiatives which promote our values
- reviews consumer feedback trends
- reviews data on safety and quality
- recommends ways to inform the community about our strategies
- gives a consumer perspective on Mercy Health communications
- gives a consumer perspective on planning refurbishments, renovations and building works.

CONSUMER ADVISORY GROUPS – HEALTH SERVICES

We have several site specific Consumer Advisory Groups (CAGs) who provide the voice of their local health service community. These CAGs form close working partnerships with the community and assist with improving consumer experiences, planning for new services and facilities and implementing and evaluating new services.

Currently, local CAGs are in place at Werribee Mercy Hospital, Mercy Care Centre Young and Mercy Health Albury. We plan to expand them to Mercy Hospital for Women and Mercy Mental Health Services in 2014/15.

RESIDENT AND RELATIVE MEETINGS: AGED CARE SERVICES

Each of our aged care homes has regular Resident and Relative Meetings. These provide an opportunity for the residents and their families to have a voice on the issues affecting their local service. Residents and families are invited to be involved in decision making about such things as new buildings, refurbishments, introduction of new lifestyle activities and the employment of new staff.

We are delivering safe, quality care and continually working towards improving.

CONSUMER AND CARER CONSULTANTS: MENTAL HEALTH SERVICES

Consumer and carer consultants are specific to mental health services. They work closely with staff to ensure we consider the voices of the clients of the mental health service and their carers when planning, evaluating and improving services.

COMMUNITY INFORMATION ADVISORS

Community Information Advisors are people who have volunteered their time and expertise to review the documents we develop for consumers. Our advisors come from a range of different backgrounds, ages, interests and language skills. Having members of the community review our information helps us ensure it is useful, easy to understand and written in a user-friendly way.

A NEW MODEL FOR OUR AGED CARE SERVICES

In early 2014 we reviewed our model of care to identify ways in which we could improve services for residents, their carers and families. This review included asking the Community Advisory Committee to give us feedback about how well they thought the model reflected the needs of our ageing population.

The updated model aims to:

- keep residents at the centre of all we do
- build community partnerships
- recognise families as integral to the aged care community
- create the best possible environment to support health and wellbeing
- enhance the role of carers, and
- offer holistic care through allied health partnerships.

We look forward to implementing the new model in the year ahead.

Responding to change in Home and Community Care

In April 2014 our Home and Community Care team asked the Community Advisory Committee and members of the Victorian Council on the Ageing for help in redesigning our model of care to better meet the changing needs of our community. Their input gave us a deeper understanding of what is important to people who receive services in their home.

The results of this collaboration have helped us:

- design a model of care that places clients and carers at its centre
- improve how we support people
- understand how clients choose their care provider
- promote our services in a meaningful and respectful way.

Our updated model of care ensures:

- we respect our clients' role in making decisions about how we plan and deliver our services
- our clients have the right to choose services that will enable them to achieve their personal goals
- we are partners with our clients in planning for health and wellbeing by recognising individual strengths, and
- we provide support, care and services that seek to restore, enable, empower and maintain the physical, social and emotional wellbeing of clients and carers.



John Nicol, CAC member and long-term Werribee Mercy Hospital supporter

Meet John Nicol – Community Advisory Committee member

John Nicol is no stranger to Mercy Health or to community consultation.

John's connection to Mercy Health goes right back to the early 1990s when, as an engineer with the City of Werribee, he was closely involved in the site selection for Werribee Mercy Hospital. He then became Chairperson of a major fundraising effort for the hospital which generated \$1.5 million towards its construction.

John has maintained a strong connection with Werribee Mercy Hospital ever since. He sat on the local Community Advisory Group (CAG) from 1995 to 2012, serving as Chair for much of that time.

In recognition of his major contribution to the hospital John was invited in 2012 to sit on the newly formed Mercy Health Community Advisory Committee. John describes the meetings as providing "great access" to Mercy Health decision makers.

"With Mercy Health's CEO Stephen Cornelissen personally attending, and sometimes Chairman Julien O'Connell, the meetings give consumers a real voice at a very high level of the organisation. They're an opportunity for voices from outside Mercy Health to be heard. For someone with a feel for community needs, they can be used for real dialogue."

There is no doubt John has a strong feel for community needs. Throughout a long and illustrious career he has steered the community consultation processes for several major Victorian infrastructure projects including the Geelong Road upgrade, the East Link project, the desalination plant, and the regional rail link.

"There is no doubt the people around the committee table are the right people," says John, "although I personally believe the involvement could be deepened. It would be great to see even more community members around the table."

Community Reviewed Tick for publications

When we develop a new document for patients/residents/clients (such as a brochure or information sheet) or review our existing documents we use a two-phase process of consumer review.

In the first phase, we ask current consumers of our services to review the document to make sure it is clear, easy to read and helpful. We then amend the document using their feedback. In the second phase, we send it to a number of our Community Information Advisors for an in-depth review. We continue to revise the document until the advisors give it a 'Community Reviewed Tick' which we then print on the document.

The tick symbolises Mercy Health's commitment to ensuring consumers are involved in preparing information for the community. Some examples of the documents that achieved the tick in 2013/14 are:

- Mercy Health's Quality and Care Report – A Year in Review 2012/13
- Home and Community Care Client Handbook
- Mercy Health Your Privacy brochure
- Neonatal Intensive Care Unit parent brochure
- Palliative care brochure.



Our Consumer Participation and Experience team: Scott Swanwick, Kaitlyn Pham and Bec Jolly

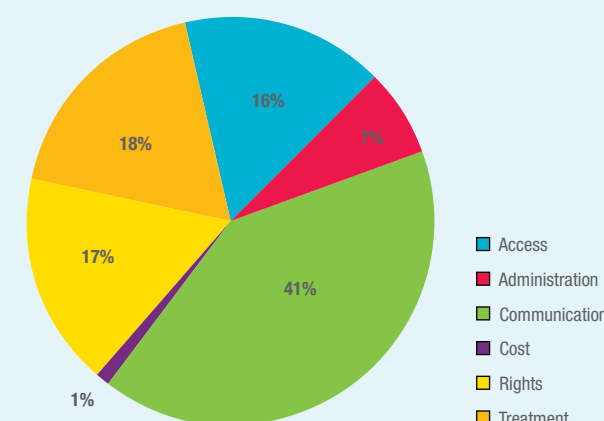
Consumer feedback

Mercy Health has a range of ways for consumers to provide feedback. We use information from feedback to maintain and build on our service quality, safety, consistency and reliability.

COMPLAINTS MANAGEMENT

Complaints are an opportunity for us to examine how we can improve the quality, safety and efficiency of our service delivery and to enhance consumer satisfaction and experience.

COMPLAINTS RECEIVED - BY THEME 2013/14 - MPH VICTORIA



Most complaints we receive are about communication. We are always working to improve in this area, most recently by introducing a new person-centred care training program for our staff in 2014/15 which includes open communication between patients and staff.

CLIENT SATISFACTION SURVEY: HOME AND COMMUNITY CARE SERVICES

Each year we survey a range of our Home and Community Care clients and their families to see:

- how satisfied they were with the information they received when they first made contact with Mercy Health
- whether staff are respectful when they deliver services, and
- if the services delivered were what had been agreed to in each individual's support plan.

In our 2013 survey 100% of clients stated that having the service had made a positive difference to their life, or the life of their loved one.

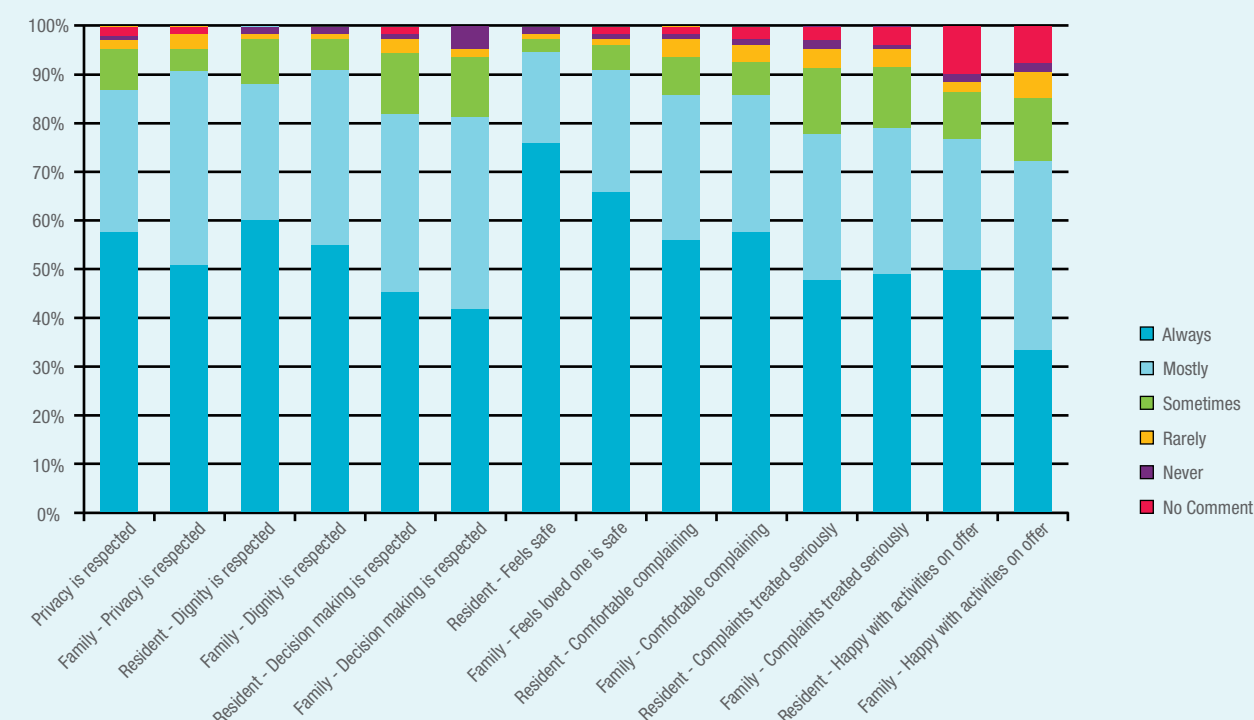
The combined overall satisfaction rating for services received was an excellent 9.04 out of 10.

In our 2013 survey 100% of clients stated that having the service had made a positive difference.

RESIDENT & RELATIVE SATISFACTION SURVEY – RESIDENTIAL AGED CARE SERVICES

All of our aged care homes conduct an annual resident and relative survey. The survey gathers feedback on a number of areas including the quality of care, privacy and dignity, safety, complaints management and lifestyle activities.

RESIDENT RIGHTS SURVEY - COMBINED RESIDENT AND REPRESENTATIVE RESPONSES 2014



Thank you

A warm thank you for the support and care that you have provided for Mum. You were an angel on Monday 24 March; the time and effort you took with Mum that day is truly commendable. Forever grateful. ”

Client's daughter – Home and Community Care

Let me reflect both on my mother's and my heartfelt thanks for all the support you have provided my father. You and your staff have shown deep sensitivity to his situation and performed your duties with great attention to his needs. ”

Client's son – Home and Community Care

Anna, the speech pathologist has been marvellous. She has been thorough in her assessment of my father and has given us extremely helpful advice and management tips. She provided us with written advice and also ensured that the hospital staff and food services provided my father the meals and care he required. Her service and care has been way beyond any we have experienced elsewhere. We are extremely grateful. ”

Daughter of patient – Werribee Mercy Hospital Palliative Care

A huge thank you to Jenny – you are just wonderful. Gerry – you just put me at ease and let me cry hysterically. Melissa – who was happy to take care of me and laugh at my silly things. And to anyone else I have missed. ”

Day Surgery patient – Mercy Hospital for Women

There were several factors that impressed me on entering the Colac facility. It was bright and spotless, but what most impressed me were the interactions I saw between staff and residents. Happy staff and very happy residents. I saw genuine love and care from both sides that amazed me. I knew this was an exceptional aged care home. Mum's six months at Mercy were among the happiest times of her life. She loved the staff and never stopped raving about the genuine love and care shown to her. Due to their efforts mum passed away peacefully in a room filled with love and prayer. She would have thought it was the perfect end to a wonderful life. ”

Resident's son – Mercy Place Colac

Partners in care

Person-centred and family-centred care can improve the safety and quality of patient care and result in better health outcomes. Mercy Health continually looks for ways to enable consumers and their families and carers to be true partners in their care.

PARTNERING WITH WOMEN THROUGHOUT THEIR CHILDBIRTH JOURNEY

In early 2014 Mercy Health introduced the Maternity Group Practice (MGP) model of care.

MGP enables a woman to be cared for by one midwife throughout her pregnancy, her baby's birth and post-birth in the comfort of her own home.

“We're extremely excited to have introduced MGP to the Family Birth Centre,” said Andrea Williamson, Birthing Services Manager, Mercy Hospital for Women. “To me it's what midwifery is all about — caring for a woman throughout her entire pregnancy, helping a woman to birth her baby and then providing postnatal care. Creating that special bond between a woman and her carer makes for such a rewarding pregnancy and birthing experience.”



Midwifery is about creating a special bond between a woman and her carer

SUPPORTING OUR YOUNGEST FROM CRADLE TO KINDER

Thanks to funding from the Department of Human Services, Mercy Health O'Connell Family Centre now runs its Cradle to Kinder program as a permanent part of its services to families in Melbourne's east. The funding allows the program to support up to 24 families at any time.

The Cradle to Kinder program brings together social and mental health services for children and adults to provide child-focused, family-centred support for vulnerable families in the years around childbirth. Offered in partnership with Anglicare Victoria and Cara, the program promotes the health, safety and wellbeing of children by supporting parents to make positive changes in their lives.

The program continues the centre's work by offering in-home parenting support and residential programs for vulnerable families.

Surrounded by love to the last Marj's story — Mercy Place Colac

Marj was a woman of great faith and had expressed the desire not to die on her own. Knowing that, the pastoral care team, the lifestyle team, three volunteers, two residents and some of Marj's friends all worked together to honour her wish. A vigil roster was developed that began at 12.30pm on the Tuesday and went through until Marj's death at just after 10pm on the Thursday. It meant that for almost all of that time Marj had someone with her.

Far from a sombre occasion, the vigil became a celebration of Marj's life. “When Marj's friends came in there was music

playing, we could hear them laughing and talking as if Marj was part of the conversation,” Diane Wright (Pastoral Care Associate) recalls. “Even though she wasn't responding they were sitting beside her reminiscing.”

As a closing chapter to a life well lived, it's difficult to imagine a more beautiful farewell. And its value radiated beyond Marj's final moments. “Afterwards another resident came to me and having seen the way we cared for Marj, said ‘I have no fear of dying here at Mercy Place Colac. I know I'm going to be well cared for.’”

Werribee Mercy Hospital's Mother Baby Unit: Beth and Sophia's story

After Sophia was born I developed an infection and spent a month in ICU. I hadn't had any bonding time with her so I was able to do that in here. Having gone through trauma after having her, it was nice to come into a relaxed environment in which to just get to know her. None of the girls who were here when I arrived are here now. In a way that's a positive thing — they're now well enough to be at home. I've been here around eight weeks.

Normally we have a community meeting in the morning which gives us a run-down of what groups are on during the day. Most of us work out a goal for the day with our nurse and then we discuss it in the community meeting. It means you're aware of other people's needs a little bit and you can support one another. Your goal can be as simple as reading a book, finding relaxation time for yourself or practising bub's routine.

The nurses now help with Sophia's care at night; I wrote a plan of how I wanted her to be settled and they've followed it. I appreciate that because they're respecting my wishes and they treat Sophia like their own, so I can be comfortable with accepting their support. The communication lines are open.

There's a nice combination of staff here; each has a specialist area or slightly different perspective. I've had a few moments where I've heard a particular view and thought yeah, that makes me feel a lot better. One of the nurses, Tina, made me a relaxation cream which I love. It has essential oils that help reduce anxiety.

The staff handovers must be fairly involved because the things that happen on each shift are passed on in detail. They pick up on cues a lot more quickly than you may do yourself which is useful. They're really approachable. You don't have to go into details; they know if you need support and are there for you. ”

Beth Jenkins



Beth with her daughter Sophia in Werribee Mercy Hospital's Mother Baby Unit



Jannalli Rae Brown, patient in the Nangnak Baban Murrup and Nangnak Wan Myeek clinics

Working together to close the health gap

Mercy Health remains strongly committed to creating a better future for Aboriginal and Torres Strait Islander communities through the implementation and improvement of processes and programs to support access to health services for indigenous Australians.

In 2013 the Aboriginal Programs Unit at Mercy Hospital for Women was restructured in order to improve the service provided. The unit provides culturally appropriate support to Aboriginal and Torres Strait Islander women and families and cultural advice to staff across patient services, including pregnancy, early parenting and Women's Business.

Programs include Nangnak Bubban Murrup and Nangnak Wan Myeek which take their names from the Woirwurrung language of the Wurundjeri people, on whose traditional land Mercy Hospital for Women is located.

- **Nangnak Baban Murrup Clinic** ("Nurturing Mother's Spirit") is a clinic for pregnant Aboriginal and Torres Strait Islander women and for non-Aboriginal women with Aboriginal partners.
- **Nangnak Wan Myeek** ("Nurture, Care, Look after Me and Mine") provides support to Aboriginal and Torres Strait Islander women and families after their baby's birth. The service focuses on mothers' and babies' health and children's school readiness
- **I'm an Aboriginal Dad** aims to strengthen families and provide holistic support to help fathers care for their partners during pregnancy and beyond. The program is run in partnership with CPS, a child and parent services agency working to ensure all children live and thrive in safe families and communities.



The Aboriginal Programs team celebrates NAIDOC Week 2013. L-R: Jodie Lovett, Jane Britten, Jo Pappas, Marika Jackomos.

We are very pleased to be able to support care delivery to our Aboriginal and Torres Strait Islander patients and provide culturally appropriate advice to the staff caring for them”

Dr Linda Mellors, Mercy Health Executive Director Health Services

Mercy Health is increasingly turning to Elders in the Aboriginal and Torres Strait Islander communities to help us strengthen our partnerships with community leaders, caregivers and those who receive our care. Together we can tailor care and services appropriately.

Partnership means not only working together with communities but also honouring their culture and society. Mercy Health was proud to take part in significant events over 2013/14 including:

- the 2013 Long Walk Women's Luncheon celebrating the achievements of Aboriginal and Torres Strait Islander women
- 2013 National Sorry Day
- National Close the Gap Day
- NAIDOC Week celebrations including the raising of the Aboriginal flag at Werribee Mercy Hospital.

A new pathway to better health in the west

In April 2014 Mercy Health was proud to extend its Aboriginal and Torres Strait Islander services to Werribee Mercy Hospital. Aboriginal Hospital Liaison Officer Jasmine Kildea and Aboriginal Hospital Transitions Project Officer Marie Mullins strengthen the hospital's ability to deliver accessible and culturally safe care to patients.

Ms Kildea, who is a proud Dja Dja Wurrung woman, provides support and advocacy for patients and families while building cultural awareness and competency in care delivery.

“First and foremost, we're working at creating a culturally welcoming and safe environment for Aboriginal patients when they come in,” Ms Kildea says.

Ms Mullins, a Murri woman, is leading the Hospital to Communities Pathways Project, funded by the Department of Health's Koolin Balit program. “We are forging a new pathway for care,” Marie says. “There is a real need for this service in Werribee; we know from the census and from our local community members that there are at least 1,700 Aboriginal people living in Wyndham.”

*Werribee Mercy Hospital
Aboriginal Health Transitions
Project Officer Marie Mullins
& Aboriginal Liaison Officer
Jasmine Kildea*



First and foremost, we're working at creating a culturally welcoming and safe environment for Aboriginal patients when they come in”

Working with disability

In early 2014 Mercy Health began a partnership with the National Disability Recruitment Coordinator (NRDC). This government program aims to increase employment opportunities for Australians living with disability by educating employers about the valuable contributions these employees make.

To support this initiative in March 2014 staff from Mercy Hospital for Women and Werribee Mercy Hospital attended information sessions run by the NDRC.



Our clinics support culturally and linguistically diverse communities

A SNAPSHOT OF MERCY HEALTH PATIENTS IN 2013/14

**161
COUNTRIES**

**104
LANGUAGES**

**69
RELIGIONS**

Delivering care that respects cultural needs

Cultural responsiveness means providing care that respects the full range of cultural needs in our diverse community. Mercy Health has a long history of caring for culturally and linguistically diverse communities. As our population grows and changes we work to ensure everyone continues to have equal access to person-centred, high-quality and safe care.

Achieving community-wide cultural responsiveness

Mercy Health is recognised in the wider community as a leader in providing programs to support our culturally and linguistically diverse populations.

We are now routinely asked by other organisations to take part in local and national conversations about culturally responsive care.

In December 2013 Natalija Nesvadba, Manager Multicultural Services was invited to present at the first Social Determinants of Health conference in Sydney on *Addressing the complexities of multicultural health*.

In 2014 the Multicultural Services Unit invited young women from communities that practise FGM/C to take part in *Supporting young women who have experienced Female Genital Mutilation/Cutting (FGM/C)*, a project funded by the Department of Health. Using interviews with 12 African-born women aged 18 to 25, this landmark project explores ways to develop, improve and deliver support services for young women who have experienced FGM/C and have lived in Australia for a large part of their lives.

Mercy Health invites all staff to participate in activities that celebrate annual cultural events including:

- Cultural Diversity Week including Harmony Day
- Refugee Week
- International Day of Zero Tolerance to FGM/C.



Our Multicultural Services team (left to right) Wemi Oyekanmi, Natalija Nesvadba, Magdalena Pliszka and Suleeqa Hussein

Key achievements of the Diversity and Equity Committee in 2013/14

- Developed the Mercy Health Cultural Responsiveness Policy and Procedure.
- Attended the National Summit on Female Genital Mutilation/Cutting (FGM/C).
- Received \$80,000 in funding for an FGM/C project at Mercy Health.
- Gave feedback on the Department of Health's Draft Language Services Policy on relevant, respectful healthcare services for culturally and linguistically diverse communities.
- Contributed to the report *Foundation House: promoting the engagement of interpreters in Victorian Health Services* June 2013.
- Participated in the Department of Health and Ageing's Migrant and Refugee Working Group on the National Antenatal Care Guidelines.

Crossing cultural and social barriers in mental health

Mercy Health works in partnership with many other services to enable us to provide safe, high-quality care to those in the community who need mental health services.

This includes working with Action on Disability within Ethnic Communities who run a mental health and wellness program within the Wyndham community, the Healthwest Partnership project which brings together mental health services for refugees and asylum seekers, and the Trans-Cultural Mental Health Group to extend existing programs to the culturally and linguistically diverse communities.

Focus groups have been run with the Indian, Burmese and Chinese communities in Wyndham. The information gathered will be used to address service gaps and offer education and programs on mental illness, treatment and access for these communities.

This is really important work because there are still many barriers to accessing mental health support. Communities may lack awareness that help is available, they worry about cost, aren't sure who to call or what to do. It can be difficult to gauge how much need is out there; there could be a large chunk of the community still not accessing services they need. This is what we're working to change.

Siobhan Moody, Registered Nurse, Mental Health Services, Wyndham

Advance care planning: choosing how your story ends

Advance care planning gives our aged care residents and people facing end-of-life in our Health Services the opportunity to document their wishes for the final stage of their lives. This not only includes identifying the type and extent of medical treatment they wish to receive but also any faith rites or traditions they would like to have followed. It also documents details such as whether they would like someone to hold their hand while they are dying, whether they would like music to be played (and the type) as well as anything they particularly don't want to happen.

In February 2014, 70 Mercy Health residential aged care staff took part in an advance care planning education day. We have now rolled out advance care planning as a core part of the care we offer all our residents.

This process honours each resident's hopes for their final days, ensuring they feel respected and valued. It gives back a sense of control and individuality many people fear they will lose at the close of their lives.

Training our staff

All Mercy Health employees need to complete Diversity and Equity online training as part of their employment.

As at 30 June 2014 66% of staff had completed this training.

Continuing to care first



It has helped me connect with the family of residents I see regularly.”

Our new model of aged care aims to make sure residents feel completely at home

families and carers play in their loved one's health continues even after the move into residential aged care. The main aim was to help both the resident and their family or carer have the best possible transition-to-care experience. The conversation group model gave people a flexible, relaxed way to develop their own support networks as well as receiving formal support from the group facilitator.

“Many residents come to live in a nursing home after being cared for by their elderly spouse or family members in their own home,” said former Mercy Place Parkville Service Manager Geraldine Webster. “Spouses and carers often find it very confronting to accept they are no longer the primary caregiver for their loved one. If dementia is involved, it can be even more stressful.”

The group was trialled in 2013 after which participants completed a survey on their experience. Based on the positive feedback they received, the Mercy Place Parkville team plans to run the group throughout 2014.

CAFE CONVERSATIONS SURVEY RESULTS

- 50%** of respondents felt they benefited from emotional support
- 25%** felt they understood others on the same journey
- 100%** enjoyed networking with other relatives
- 50%** found the group informative
- 100%** would recommend the program to others.



George Hallisey with Alison Lay, Physiotherapist in the Continuing Care Centre

Catherine McAuley Centre: a new era in continuing care

Werribee Mercy Hospital's new subacute centre opened its doors in February 2014, bringing much-needed new allied health services to the Wyndham community. By housing a range of health professionals, services and programs in one location, people with a disabling medical condition can build independence and a better quality of life.

The Centre is home to the new Continuing Care Centre, which brings together the Community Rehabilitation Centre, Complex Care Program (formerly known as HARP), Residential In-Reach and two new subacute ambulatory specialist clinics, Falls and Balance and Continence. There are also 30 geriatric evaluation and management/rehabilitation inpatient beds, living and dining areas and therapy spaces.

The Continuing Care Centre provides subacute ambulatory services including two gym areas, occupational therapy treatment rooms and a mobility garden. There are also purpose-built treatment rooms for audiology, podiatry and neuropsychology. The centre also offers physiotherapy, social work, speech pathology, dietetics and diabetes assessment and care.

I am the sole member of the family so it's good to have support from others going through the same journey — it makes me feel more normal.”

Making residents feel even more at home

Residential Aged Care's new model of care aims to create an environment for residents that supports their health and wellbeing while making sure they feel completely at home. With this goal in mind we have refreshed many of our residential aged care homes over the past year.

In December 2013 stage two of the redevelopment of Mercy Health Bethlehem Home for the Aged was unveiled. The upgrade adds 60 new residential aged care beds, a new main entrance and foyer, administration space, kiosk and chapel.

Another major facility redevelopment followed in April 2014 with the opening and blessing of our new 55-bed accommodation wing at Mercy Place Warrnambool. The \$9.5 million sustainable design upgrade includes four large lounge areas with country views, alfresco dining, outdoor spaces with raised gardens, communal, staff and administrative areas, a central dining space, a resident kitchen and a chapel. The entry lobby, café and hair salon within the existing building were also refurbished.

Sharing stories makes the aged care journey easier

Helping a loved one cope with moving into residential aged care can be difficult and lonely. Mercy Place Parkville recognised the need to support families and carers of new residents by launching the Café Conversations group in 2013. This innovative program created a safe space at the facility's café in which to share stories, hear from guest speakers including dementia experts and enjoy some time out with others going through the same journey. It acknowledged that the important and challenging role

The Centre's mobility garden helps people rebuild their independence



Growing our mental health services

Rising demand for mental health support across Melbourne's west has seen Mercy Mental Health expand its facilities and services during 2013/14.

Three major buildings were either started or completed over the year including new premises for Saltwater Clinic in Footscray, a new 16-bed acute mental health and psychiatric inpatient facility at Western Health's Footscray campus and an expanded inpatient unit at Werribee Mercy Hospital.

SALTWATER CLINIC

Opened in January 2014 with a multifaith blessing ceremony, the new Saltwater Clinic facility is purpose-built to offer a range of psychiatric services and includes separate staff and client zones with safe, light and spacious work areas.

Mental Health Services Program Director Mario Blandin de Chalaín said the site gives people with a mental illness easier access to treatment and follow-up services.

"Our clinic's community-based treatment can help people recover while continuing to live in the community," Mr Blandin de Chalaín said. "The new clinic provides a fantastic, comforting space for both staff and clients. We look forward to working here for years to come."



The new clinic facility opened with a multifaith blessing attended by key community members and Mercy Health staff

WESTERN HEALTH ADULT MENTAL HEALTH UNIT

Work has begun on the 16-bed Adult Mental Health Unit based at Western Health, which will provide valuable extra support to the fast-growing Wyndham region. Work is progressing well and is set to be completed in December 2014.

The new clinic provides a fantastic, comforting space for both staff and clients.

INPATIENT UNIT

Work has also begun on the Werribee Mercy Hospital mental health unit's expansion. Offering 54 beds, the new building will be designed in collaboration with mental health staff and clients to ensure it aligns with our model of care. This collaborative approach will create a comfortable and supportive client and staff environment. The new unit aims to open its doors in November 2016.

INPATIENT UNIT ITEMS PAID FOR BY MERCY HEALTH STAFF PAYROLL GIVING PROGRAM

- ✓ a jelly fish tank to help patients focus on relaxing
- ✓ a weighted blanket to apply calming pressure
- ✓ a star projector
- ✓ a back massage cushion
- ✓ a heated neck and shoulder massager
- ✓ a foot massager.

Institute of Maternal and Early Family Mental Health

Planning is well underway for this ground breaking mental health project, which will offer mothers with severe mental illness and their families care and support for as long as they need it.

The Institute recognises that a mother's mental illness can affect everyone in her family, from grandparents to children. It will bring together current services for mothers, young families and the acutely unwell and develop new treatments and services to offer integrated, lifelong support.

The Institute will be unique in combining four key contributors to sustainable mental health for the whole family:

- bridge the current gap in services and knowledge in treating women's mental health before, during and after childbirth
- focus on increasing mental health during pregnancy and after, not just treating mental illness
- bring a broader focus to mothers' mental health that includes children, to help reduce the risks that maternal mental illness carries for child and adolescent mental illness and poorer child development



*Rae Lawry,
Nurse Unit
Manager, O'Connell
Family Centre supporting
both mother and baby in the
residential program*

- advocate strongly for disadvantaged mothers, infants and families struggling with maternal mental health issues, who too often fall through service gaps.

PRODUCTIVE MENTAL HEALTH WARD WINS PEOPLE'S CHOICE AWARD

In June 2014 Werribee Mercy Hospital's psychiatric unit won an award for its efforts to streamline procedures and improve efficiency. Qualitas Consortium announced the unit as its People's Choice Award winner for its 2014 Productive Series. The program introduced changes that have reduced patients' length of stay and staff handover times.

"It's fantastic for our hard work to be acknowledged with such a great award," said Eugene Kwek, part of Werribee Mercy Hospital's Redesigning Hospital Care team. "We are extremely proud of the award and of the changes we have made."

*Werribee Mercy Hospital's
psychiatric unit won an award for
its efforts to streamline procedures
and improve efficiency.*

Supporting at-risk families

Mercy Health O'Connell Family Centre (OFC) has increased its support for vulnerable families over the past year with several new programs for parents and children.

MAKING PARENTS' JOURNEYS SMOOTHER

This new education program for families in OFC's residential program focuses on strengthening the attachment between each child and their caregiver. By helping caregivers become more aware of the child's needs, 'Parents' Journey' fosters a more responsive relationship. The program's three sessions are delivered by a psychologist, Clinical Nurse Educator and Maternal Child Health Nurse to offer well-rounded support to high-risk families.

HEALTHY SMILES, HEALTHY CHILDREN

OFC has rolled out a new Dental Health Training Package to help parents promote long-term dental health in their children. The four modules cover care of mothers' teeth in pregnancy, teaching parents the importance of children's oral hygiene, development of a child's teeth and proper dental care.

Researching new ways to care

Our community's health needs are constantly changing. Our researchers are leading the fight to improve care now and for the coming generations.

FIGHTING THE TRAGEDY OF STILLBIRTH

In 2013 a world-first Mercy Hospital for Women study led by Dr Clare Whitehead made a discovery that could allow doctors to combat stillbirth with a simple blood test. This advance could transform the futures of millions of babies every year.

Dr Whitehead and the Translational Obstetric Group at Mercy Hospital for Women's University of Melbourne Department of Obstetrics and Gynaecology discovered molecules released from the placenta into the mother's bloodstream when the baby does not have enough oxygen. Measuring these molecules could be a new way to identify at-risk babies. Early detection could allow doctors to better time babies' delivery to enable them to receive the care they need.

The study has now been expanded to involve seven hospitals internationally. The larger study should provide enough evidence to support the first study's findings and begin developing a blood test that could be used globally.

CARING FOR MOTHERS IN MIND AS WELL AS BODY

A mother's good health during pregnancy is essential to giving her baby the best possible start in life. This includes her mental health.

The Mercy Pregnancy and Emotional Wellbeing Study aims to identify factors that may protect mothers against anxiety and depression, giving more women a positive experience of motherhood.



Nicole Rutherford with baby Scarlett

Beginning in 2012 and continuing throughout 2013/14, the study follows 300 first-time mothers from their baby's birth until their child is two years of age. The study tracks both the psychological and biological changes women experience across pregnancy, childbirth and in their child's early years.

The study is based at Mercy Hospital for Women and has been developed by a team of researchers across mental health, child development, paediatrics and neonatology, genetics, epigenetics and endocrinology. The team is partnering with researchers from the University of Melbourne, Deakin University, the Murdoch Children's Research Institute and Leiden University in the Netherlands. The study has been generously supported by Beyond Blue.



Translational Obstetrics Group (L-R) Dr Louie Yè, Dr Tú'uhevaha Kaitu'u-Lino, Dr Clare Whitehead, Ms Laura Tuohey, Professor Stephen Tong



Supporting mothers' mental health also helps give children the best possible start

MOTHER-INFANT EMOTION REGULATION STUDY

Mercy Health O’Connell Family Centre (OFC) has collaborated on research led by Australian Catholic University’s School of Psychology on the links between a mother’s emotional wellbeing and the support they receive from their partners. The study explored whether mothers who have low partner support experience more symptoms of depression.

A questionnaire was distributed to mothers in local government areas and mothers attending OFC and another early parenting centre, with 167 women returning the questionnaire.

The study’s findings reinforce that partner support is vital to mothers’ mental health after giving birth – a central part of why OFC aims to care for the mother’s whole family when a woman is experiencing postnatal depression.

The study’s findings reinforce that partner support is vital to a mother’s mental health after giving birth

Strengthening links to primary care

People often first seek treatment from primary care doctors (general practitioners or GPs) and allied health professionals when they need care and support. From doctors and district nurses to pharmacists and physiotherapists, primary and allied healthcare plays a key role in caring for all of us.

They also support Mercy Health patients in the community, send patients to us when they need different care, and have told us they want to better understand how Mercy Health cares for their patients. This is why Mercy Health has continued to strengthen our links with GPs and allied health professionals.

NEW LINKS TO GPs

Werribee Mercy Hospital extended their primary care network in 2013/14 by appointing its first Primary Care Liaison, Lisa Formosa. This role enables the hospital to connect with local GPs and other primary and allied health professionals in the Wyndham region through a single point of contact. It also assists with knowledge sharing to ensure patients can achieve the best possible health outcomes.

Over the past year we have also connected with five Medicare Locals across the state, including an important new link between Werribee Mercy Hospital’s Emergency Department (ED) and the Western Health Residential In-Reach Program. This link will ensure patients continue to receive care after they leave our ED.

Increasing shared care options – Wyndham

Shared care is a model of maternity care that allows women to have some of their antenatal appointments with their GP instead of at the hospital.

All GPs in the local Wyndham area were invited to partner with the hospital resulting in an increase in the number of GPs credentialed to participate from 10 to 50. This is a great outcome for mothers in the Wyndham region.

Mercy Hospital for Women has a long-established shared care program.

Extending mental healthcare beyond walls

Saltwater Clinic’s Community Treatment Program supports people with serious mental illness throughout Maribyrnong, Hobson’s Bay and Wyndham in Melbourne’s west. As well as receiving care through our clinics in Footscray and Hoppers Crossing, the region’s homeless and itinerant population can find treatment and support through our mental health outreach programs.

The program includes visiting temporary housing facilities to bring medical and practical support to people who may not be able to access it due to such barriers as having no fixed address.

This work is supported by our Consultation and Partnerships Team, which continues to build important partnerships with GPs and other primary health care providers to deliver connected, quality mental health care in the community.



Thy Dinh, Trans-cultural Clinician/case manager at Saltwater Clinic

Amy Veitch, occupational therapist and caseworker with the Community Treatment Program

No place like home – Cara’s story

Cara is a warm and welcoming host. “Usually it’s more spick and span than this” she says shyly as she opens the door to her home. Inside it’s no messier than the average house — miraculous given the tiny space. Yet it’s hard to ignore the gaffer tape lacing the roof and the smell of damp.

Cara lives in a caravan park in Melbourne’s Brooklyn which provides cheap accommodation to an ever-shifting population of people with few other options. She has just left a community forum held inside the park where she regularly catches up with case worker Kade Mollison, from Mercy Health’s Community Treatment Program based at Saltwater Clinic.

“Cara is quite vulnerable,” Kade explains. “This isn’t the ideal environment for someone dealing with significant mental illness. The population base means it can be unstable and unsafe.”

Kade visits the park every two weeks to connect with people who desperately need psychiatric and practical support, but have trouble accessing services through fear, disability or their itinerant lifestyle.

The Community Treatment Program allows the clinic’s three teams, Maribyrnong, Hobson’s Bay and Wyndham, to work across each other’s areas. This approach provides the continuity and stability sadly lacking in their clients’ lives. “We all work together, as our clients tend to move between areas a lot,” confirms Amy Veitch from the Maribyrnong team. “They can be difficult to find again if they’re living on the streets or in squats. Our approach aims to help them achieve stability and better mental health.”

Amy, Kade and the team attend regular community forums at the caravan park and a monthly barbecue held in Footscray. Each gathering brings together residents, outreach workers and other agencies



including CoHealth, the Salvation Army, Isis Health and Centrelink to provide holistic support. There’s also a GP, nurses and a van where clients can have blood tests in private. “It’s also created a great camaraderie between the clients who regularly attend. They get to know and look out for each other.”

The outreach program extends to visiting boarding houses — another refuge for those in housing crisis. “We team up in pairs, usually a mental health worker and a support worker and go out to engage residents who might not know where to get help,” says Amy. “At times we find people who are acutely unwell and refer them to a support service or into hospital if they need it.”

As trained occupational therapists, Amy and Kade both understand making small, realistic changes is the way to improve clients’ health. Success comes in tiny victories: a blood test taken, a GP appointment attended, a poor life choice avoided. “I’ve convinced Cara to get regular injections of antipsychotic medication,” Kade says. “She’s definitely more stable than when we first met. But she still needs support. So my work with her centres on finding strategies she can use to keep herself on track.”

Acknowledging our staff

One of our Home and Community Care personal care workers, Catherine Considine, was chosen as a finalist in this year's Aged and Community Services Australia's (ACSA) annual awards.

Since 2011 Catherine has provided exceptional care for clients in the inner Melbourne area. Her duties include personal care for clients with low and high needs, as well as domestic services including cleaning and meal preparation, escorting clients to appointments and assisting with shopping.

The ACSA judges commended the extra effort Catherine makes to ensure each client receives personalised care. Catherine's manager, Amber Knox, said of Catherine "While I have dealt with some truly wonderful care workers, Catherine's quality of care, commitment to and genuine compassion for all her clients have made her stand out. She is a constant example of the positive difference you can make in a person's life by caring and providing reliable services."



*Catherine Considine, finalist
in the 2013/14 ACSA Awards*

We value your opinion

FEEDBACK ABOUT THIS REPORT

We'd love to hear from you about this report so that we can continue to ensure that it is providing our community with the information it would like to have. To provide your feedback, you can either go to mercyhealth.com.au and click Feedback or email your feedback to Getinvolved@mercy.com.au. We are interested in how you feel about:

- the report's design
- the stories in the report
- the facts and figures in the report
- what else you would like to see in the report.

FEEDBACK ABOUT OTHER MERCY HEALTH DOCUMENTS

We are also looking for new Community Information Advisors. If you are interested in volunteering your time to review one or more of our documents, please email your details to Getinvolved@mercy.com.au

JOIN ONE OF OUR COMMUNITY ADVISORY GROUPS

If you are interested in becoming a member of the Mercy Health Community Advisory Committee or your local Advisory Group, simply email us at Getinvolved@mercy.com.au to get all the information you need to make this decision.



Mercy Health

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Mercy Health
Level 2, 12 Shelley Street
Richmond Victoria 3121
Phone +61 3 8416 7777
mercyhealth.com.au