



Mercy Health
Care first

Mercy Public Hospitals Inc. Report of Operations 2015/16

“I ask you to be builders
of the world, to work
for a better world.”

Pope Francis





Mercy Health

Care first

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Mercy Public Hospitals Inc. gratefully acknowledges the funding support provided by the Federal and State Governments for services, programs and research over the 2015/16 financial year.



Mr Julien O'Connell AM, Chair



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 Public Hospitals Inc. for the year ending 30 June 2016.

As an organisation grounded in Christ's mission of compassion and founded in response to society's most urgent needs, Mercy Health can be proud of what we have achieved this year. Within the context of community demand that seems to grow in volume and complexity every year, we have continued to deliver our strategic objectives by drawing on the commitment and resourcefulness of our people.

We have taken strides forward in improving care for Victorians facing disadvantage through innovative projects including the Mercy Perinatal centre of excellence; maternity support in the community for Karen women; expanded dialysis and Hepatitis C clinical services; increased surgical services; expanded outpatient facilities; increased support for our Aboriginal and Torres Strait Islander patients; and many other important initiatives detailed in this report.

Our vision for the next chapters in our care includes increased investment in our robust research culture; expansion of Werribee Mercy Hospital's acute care

and inpatient mental health services; and increased partnerships with primary care and community providers to share knowledge and strengthen care pathways.

Each aspect of our care restates our commitment to carrying forward our Foundress Catherine McAuley's vision: to meet contemporary needs with energy, pragmatism and heart. We do so with pride and in collaboration with the State Government of Victoria, to whom we are deeply grateful.

We hope you enjoy this report.

Adjunct Professor Stephen Cornelissen,
Group Chief Executive Officer

Mr Julien O'Connell AM, Chair

2 August 2016

Who we are, how we care

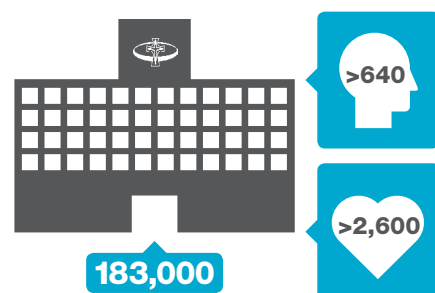
In 2015 alone, we cared for more than **190,000** people



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



more than **183,000** were cared for in our hospitals, including more than **640** in mental health and more than **2,600** in palliative care



Introduction

Compassionate and responsive care is central to our ethos as a denominational healthcare provider. Delivering care in the most effective manner is key to fulfilling our mission and ensures the best use of our funds to serve the greatest need.

I am immensely proud of the contribution Mercy Public Hospitals Inc. continues to make to public healthcare in Victoria, and never more than during a year in which we have faced unprecedented demand for our services.

I wish to acknowledge and thank the State Government of Victoria for the ongoing support which makes that care possible.

We are custodians of a long and distinguished legacy of supporting people who are vulnerable and marginalised. Our partners within government and the community share in this legacy and in our achievements.

Adjunct Professor Linda Mellors
Chief Executive – Health Services



2015/16 financial and performance report

Mercy Public Hospitals Inc. has continued to experience high demand across our health services throughout 2015/16.

Our results this year are testament to our people's commitment to balancing provision of the highest quality care with the resourcing required to grow and evolve to meet the changing needs of our community.

Our operating result

The financial result for 2015/16 was a net gain before capital and specific items of \$0.797m, compared to a gain of \$0.661m in the preceding year.

The net result for the year of \$10.796m included \$17.846m of capital purpose income, partially offset by depreciation costs of \$7.030m.

Summary of financial results

	2016	2015	2014	2013	2012
	\$000	\$000	\$000	\$000	\$000
Total revenue	312,912	281,911	273,383	257,757	234,811
Total expense	302,116	279,923	261,942	240,903	231,445
Net result for the year (including capital and specific items)	10,796	1,988	11,441	16,854	3,366
Retained surplus (accumulated deficit)	48,713	37,993	36,069	23,906	7,258
Total assets	119,302	101,336	95,424	83,844	58,283
Total liabilities	68,520	61,350	57,426	57,287	48,580
Net assets	50,782	39,986	37,998	26,557	9,703
Total equity	50,782	39,986	37,998	26,557	9,703

What is Mercy Public Hospitals Inc.?

Mercy Public Hospitals Inc. was established in 1986 under the *Associations Incorporation Act 1981 (Vic)*. Mercy Public Hospitals Inc. is a Denominational Hospital as per Schedule 2 of the *Health Services Act 1988 (Vic)*.

Mercy Public Hospitals Inc. 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.

The Board of Mercy Public Hospitals Inc. operates as the concurrent Board of:

- Mercy Health & Aged Care Inc.
- Mercy Hospice Inc.
- Mercy Private Hospital Inc. (a dormant entity)
- Bethlehem Home for the Aged Inc.
- Mercy Health Service Albury Ltd.
- Marianella Nursing Home Ltd.
- Mercy Care Centre Young Ltd.
- Rice Village Ltd.

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 & Ageing.

Mercy Public Hospitals Inc. was established for the following purposes:

1. to carry on or assist in the carrying on of the charitable activities of the Sisters of Mercy in connection with hospital, health care and related services.
2. to operate:
 - 2.1 Mercy Hospital for Women, Heidelberg
 - 2.2 Werribee Mercy Hospital; and
 - 2.3 other hospitals, health and related services, as determined by the Association.

3. to educate and train:
 - 3.1 medical, nursing, social welfare and pastoral care students at undergraduate, intern and post-graduate level, and
 - 3.2 others engaged in hospital, health care and related services on a paid or voluntary basis.
4. to ensure that all activities of the Association are carried out in keeping with the vision, mission, philosophy and values of the Sisters of Mercy and the teaching of the Roman Catholic Church.

Our services

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

Mercy Hospital for Women

Based in Heidelberg, Victoria the hospital offers obstetric, gynaecological and neonatal services and has one of only four neonatal intensive care units in metropolitan Melbourne. The 58 bed unit is made up of neonatal intensive care and special care nurseries.

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, rehabilitation, aged and palliative care services in the south western region of Melbourne. The hospital also provides a range of home-based support services including Hospital in the Home and Midwifery in the Home.

The Catherine McAuley Centre offers subacute care to the Wyndham and surrounding regions. It includes the Continuing Care Centre, combining the Health Independence Program, Residential In-Reach and two subacute ambulatory specialist clinics, Falls and Balance and Continence. It also offers 30 geriatric evaluation and management and rehabilitation inpatient beds and therapy spaces.

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.

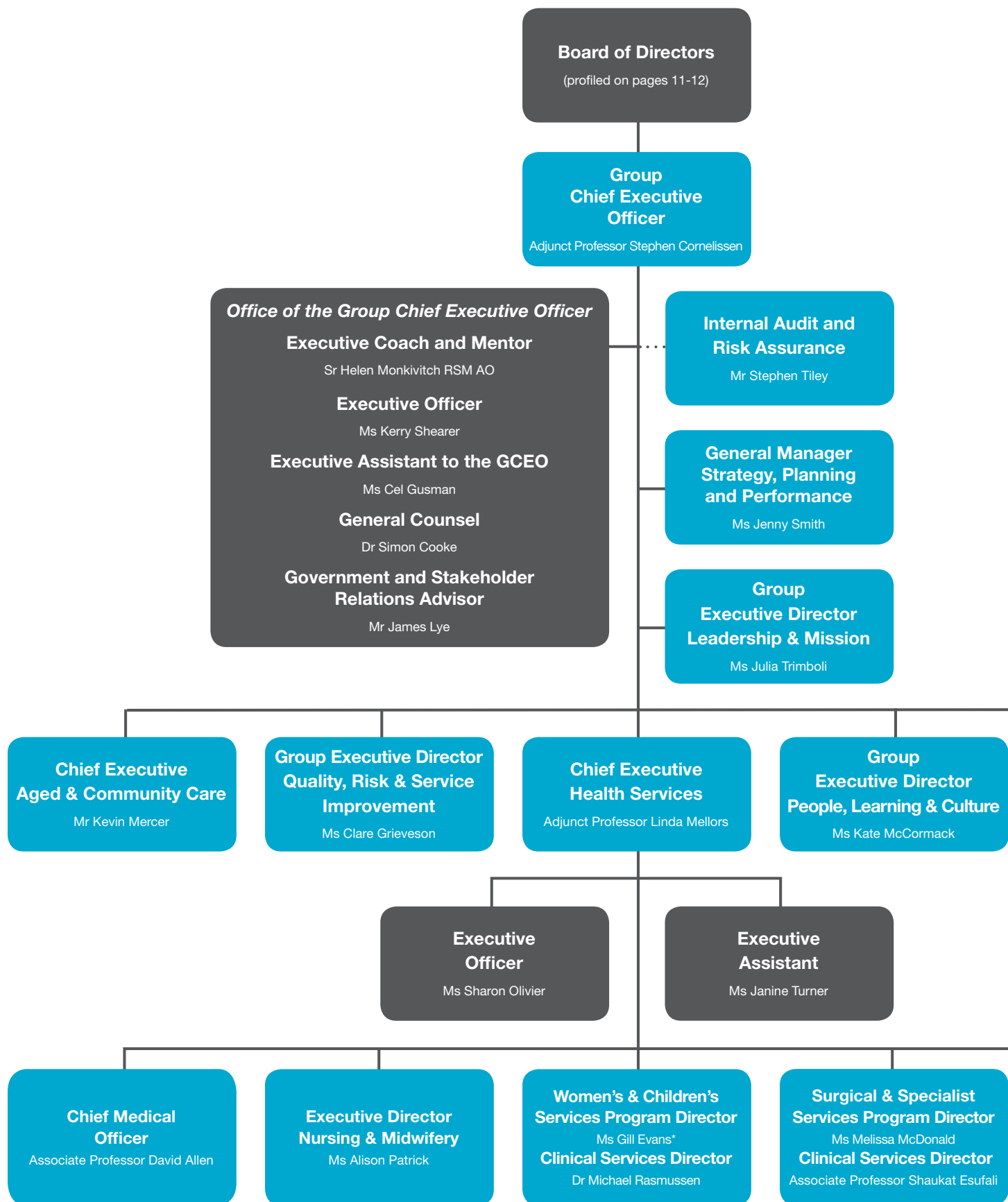
Mercy Palliative Care

While not officially part of Mercy Public Hospitals Inc., 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



*Ms Megan Burgmann held the role of Women's & Children's Services Program Director until January 2016; Ms Gill Evans held the role of Medical, Subacute & Palliative Care Services Program Director until January 2016; Ms Fiona Gray commenced in this role in August 2016.

**Group Executive Director
Finance & Support
Services**

Mr Tony Goad

**Medical, Subacute &
Palliative Care Services
Program Director**

Ms Fiona Gray*

Clinical Services Director
Associate Professor David O'Neal

**Ambulatory, Allied Health
& Community Services
Program Director**

Ms Liz Murdoch

**Mental Health Services
Program Director**

Mr Mario Blandin de Chalain

Clinical Services Director
Associate Professor Dean Stevenson

Our governance structure

Mercy Public Hospitals Inc. Board

Mr Julien O'Connell AM (Chairman)
Ms Jo Barker
Ms Margaret Bounader
Associate Professor Michael Coote
Mr John Corcoran
Mr Julian Leaser (concluded term of office May 2016)
Mr John Moore
Ms Agnes Sheehan
Sr Joan Wilson RSM

The Board is supported by five committees.

Finance and Audit Committee

Mr John Moore (Chair)
Ms Jo Barker
Ms Jay Bonnington
Mr John Corcoran
Mr Ray Jacobson (concluded term of office April 2016)
Mr Bruno Secatore

Ethics Committee

Sr Helen Monkivitch RSM AO (Chair) (concluded term of office July 2015)
Ms Julia Trimboli (Chair) (commenced term of office July 2015)
Dr Frances Baker RSM
Ms Amanda Bowe (commenced term of office March 2016)
Adjunct Professor Stephen Cornelissen
Reverend Dr Hoa Dinh SJ
Ms Wendy Dunn (commenced term of office, July 2015)
Ms Gillian Evans (concluded term of office in August 2016)
Dr Genevieve Green
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

Quality Committee

Associate Professor Michael Coote (Chair)
Associate Professor Kate Birrell
Ms Polly Caldwell
Dr Michelle Goh RSM
Ms Sally Moore
Professor Emeritus Margaret O'Connor AM
Adjunct Associate Professor David Parsons

Human Research Ethics Committee

Professor Janis Ozolins (Chair)
Ms Virginia Bourke
Ms Christine Childs (concluded term of office June 2016)
Mr Diarmid Davine
Mr James Dwyer
Professor Susan McDonald
Adjunct Professor Linda Mellors
Sr Helen Monkivitch RSM AO (concluded term of office July 2015)
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 (commenced term of office August 2015)
Professor Susan Walker
Dr Andrew Watkins

Corporate Governance Remuneration and Nomination Committee

Mr Julien O'Connell AM (Chair)
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 Attaché 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."

Associate Professor Michael Coote

Michael is an Ophthalmologist, Senior Consultant with the Glaucoma Clinic, Lead Researcher at the Centre for Eye Research Australia, and former Chairman of St Vincent's & Mercy Private Hospital's Medical Advisory Committee. He is also Clinical Director of the Royal Victorian Eye and Ear Hospital's Ophthalmology Services. Michael joined the Mercy Health Board in 2006 and has since joined the Mercy Health Board Quality Committee, which he now chairs. In addition to the depth of his clinical skill and medical administration experience, Michael brings a strong commitment to the not-for-profit health sector.

"'Quality of care' is hard to define, hard to enact, hard to measure, but often easy to experience. It is this which differentiates us. It is vitally important to the organisation".

Mr John Moore

John operates 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 more than 17 years' experience in the telecommunications industry and has been a Director at Telstra since 2004. Agnes has been on the Mercy Health Board since 2009. Agnes is presently the Director of the newly created Enterprise Mobility, and is responsible for the mobile solutions and services business supporting enterprise and government customers. Prior to this she was Director of Connectivity and Network Sales. Agnes has held a number of director roles at Telstra, including Director of Unified Communications, Director of Contact Centres & Collaboration and Director of CPE. Agnes was Regional Director Asia Pacific for Ericsson Enterprise and was responsible for their enterprise business in Australia and New Zealand, Taiwan, Korea, Vietnam and the Philippines.

"I deeply value being involved with an organisation that lives its mission of 'care first' in every aspect of its business and continues to build an enduring passion and capacity to serve our 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 to 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 to 2005, and is 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. Margaret previously spent 10 years as part of the Australian Diplomatic Service in South Africa and Singapore. Margaret is a co-founder of the Women in Global Business program, and is involved in community interests such as the Human Rights Arts and Film Festival. 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

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 Chairman and partner. John is a recipient of the Centenary Medal for services to Australian society and to the law, which include his services as a Legal Practitioners' Liability Committee member, 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 to 2002, and a London Board Member of the International Bar Association, 2009 to 2012. John was named in Best Lawyers 2013 Lawyer of the Year Award in Retirement Villages and Senior Living Law. John has been on the Mercy Health Board since 2011.

"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 Support division, where she has worked for 17 years. She has extensive experience across due diligence, acquisitions, divestments and capital raisings, and has advised across a variety of industries including health and aged care. Jo has served as the investigating accountant for the initial public offering (IPO) of Regis Healthcare Limited and as independent advisor for Deakin University on their business case for the Epworth Geelong academic health precinct. She has expertise in acquisition due diligence, working on major transactions such as the proposed Australian Pharmaceutical Industries/Symbion merger for Pharmacy Services and Consumer Products and BUPA's acquisition of Dentalcorp. Jo is a valuable addition to the Mercy Health Board and Finance, Audit & Risk Committee, providing high-level 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."

Please visit the [About Us](https://www.mercyhealth.com.au) section of [mercyhealth.com.au](https://www.mercyhealth.com.au) to find out more about our Board.

Our executive group, Mercy Public Hospitals Inc.

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

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 120 private companies, providing health, aged and home & community care services in Victoria, New South Wales, Queensland, Western Australia and Australian Capital Territory. Before taking on this role he was with Mercy Health for eight 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 health administration 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 Catholic Health Australia (CHA) Stewardship Board and a member of the Aged and Community Services Australia (ACSA) Board. He has studied at Harvard Business School, Saïd Business School and Oxford University, and is an Adjunct Professor of Australian Catholic University.

*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.

Linda is a member of the Catholic Health Australia Health Policy Committee, Chair of North Eastern Melbourne Integrated Cancer Service (NEMICS) Governance Committee, and Deputy Chair of the Participation Advisory Committee. Linda has held executive roles in the Victorian

public health sector for more than a decade 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), M Sc (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 enabling 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)

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 is also responsible for communications, marketing and events management, and the Mercy Health Training Institute. 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.

Kate is a member of the Australian Human Resources Institute Presidents Forum and the Equal Employment Opportunity Network, a Board member of Diversity Council Australia, and a People and Culture Board Committee member of the Environmental Protection Authority Victoria.

Mr Tony Goad BBus (Accountancy)

Group Executive Director, Finance & Support 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 & Support Services in April 2015. He has 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 Director of the Mental Health Legal Centre, part of a network of Community Legal Centres providing free and confidential legal services to anyone who has experienced mental illness in Victoria.

Associate Professor David Allen MBChB, MMed(O&G), FCOG(SA), FRANZCOG, CGO, PhD(CGO)

Chief Medical Officer

David holds overall responsibility for the appointment of all medical staff at Mercy Health, and ensuring they are appropriately credentialed. His duties include the preparation and execution of letters of appointment and contracts, management of medico legal issues, and maintenance of professional standards and continuing medical education. After qualifying and practicing as an obstetrician and gynaecologist, David trained as a gynaecological oncologist at Mercy Hospital for Women in 1991. After further oncology experience in Europe, in 1994 David returned to the hospital as a gynaecological oncologist where he continues to practice. David also sits on several medical society, medical journal, research and government committees and boards.

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.

Mr Stephen Tiley CIA, BCompt

Internal Audit and Risk Assurance

Stephen was appointed Head of Internal Audit and Risk Assurance for Mercy Health in November 2013. He has more than 20 years' risk management and internal audit experience, as both an executive and business advisor. Previous roles included Global Vice President Assurance at BHP Billiton and the Head of Internal Audit for South African Breweries.

Stephen remains an active contributor to the business community through long serving volunteer activities with the Institute of Internal Auditors (IIA), which included a Directorship and membership of the IIA ethics committee. Stephen is a past Chairperson of the Victorian Council of the IIA and was recently appointed as a publications reviewer for the IIA Global Headquarters, based in Orlando USA.

Dr Simon Cooke BA (Hons), LLB, PhD

General Counsel

Simon is an experienced health lawyer who has oversight of all legal matters at Mercy Health. He provides legal advice to support Mercy Health's commercial and operational activities and its governance processes.

Ms Jenny Smith BComp(CompSci, InfoSys, Acctg), CPA, MBA

General Manager, Strategy, Planning & Performance

Jenny has worked with Mercy Health for seven years and leads our Strategy, Planning and Performance team. Jenny has more than 20 years' experience working across industries including mining and resources, media, airlines, telecommunications, financial services and consulting.

Please visit the About Us section of mercyhealth.com.au to find out more about our executive group.

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 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.



Statement of Priorities 2015/16

Priority	Action	Deliverable	Outcomes
Patient experience and outcomes	Drive improved health outcomes through a strong focus on patient-centred 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"> Implement Teach Back, a method to ensure patient understanding, including the development of an education program and toolkit. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Provide end of life care in place of choice to at least 60% of palliative care patients. 	<ul style="list-style-type: none"> Achieved. A greater proportion of patients have received end of life care in their place of choice. The benchmark of 60% has been achieved across a number of months.
		<ul style="list-style-type: none"> Complete design development stage of WMH master plan (Stage 1C) in consultation with consumers. 	<ul style="list-style-type: none"> Achieved. Stage is well underway and is being overseen by the Project Control Group.
	Strengthen the response of health services to family violence. This includes implementing interventions, processes and systems to prevent, identify and respond appropriately to family violence at an individual and community level.	<ul style="list-style-type: none"> Work with Western Community Legal Centre to place lawyers in key services such as mental health, maternity and services for older patients. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Develop policy and procedures to provide a consistent approach to identifying and managing issues of family violence across the organisation. 	<ul style="list-style-type: none"> Achieved. All existing procedures relating to vulnerable families and family violence have been reviewed to reflect relevant legislative changes. Overarching family violence policy is being developed.
	Use consumer feedback and develop participation processes to improve person and family centred care, health service practice and patient experiences.	<ul style="list-style-type: none"> Plan and host the inaugural Consumer Advisory Committee member national conference to identify ways to improve consumer feedback and participation processes. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Feedback provided from complaints process to managers and clinicians to improve patient experience. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Implement site based Consumer Advisory Group Action Plans. 	<ul style="list-style-type: none"> Achieved.
	Support the effective delivery of alcohol and other drug treatment services.	<ul style="list-style-type: none"> Establish an Alcohol and Other Drug consumer focus group incorporating a family feedback process. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Consumer Focus group will map and review the patient's treatment journey. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Make improvements to experiences, treatment outcomes, access to services, timely responses and future needs based on Consumer Focus Group findings. 	<ul style="list-style-type: none"> Achieved.

Priority	Action	Deliverable	Outcomes
Patient experience and outcomes (continued)	Improve the health outcomes of Aboriginal and Torres Strait Islanders by increasing accessibility and cultural responsiveness of the Victorian health system.	<ul style="list-style-type: none"> Finalise Reconciliation Action Plan across Mercy Health to improve cultural responsiveness. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Implement a communications policy and welcome to country protocols and practices to improve cultural responsiveness. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Increase rate of identification of Aboriginal and Torres Strait Islander patients. 	<ul style="list-style-type: none"> In progress. Further training to support identification of Aboriginal and Torres Strait Islander patients has been conducted.
		<ul style="list-style-type: none"> Continue Aboriginal and Torres Strait Islander cultural safety training to key staff to achieve target of 10% of all staff to have completed training. 	<ul style="list-style-type: none"> In progress. Further training has been delivered to at least 8% of staff at WMH and 5% of staff at MHW.
		<ul style="list-style-type: none"> Recruit additional Aboriginal and Torres Strait islander staff through Aboriginal Employment Plan. 	<ul style="list-style-type: none"> Achieved.
	Implement an organisation-wide approach to advance care planning including a system for identifying, documenting and/or receiving advance care plans in partnership with patients, carers and substitute decision makers so that people's wishes for future care can be activated when medical decisions need to be made.	<ul style="list-style-type: none"> Implement Advance Care Planning education program for clinical areas with target patient groups, consistent with <i>DHHS Advance care planning – have the conversation: A strategy for Victorian health services 2014/2018</i>. 	<ul style="list-style-type: none"> Achieved.
	Demonstrate an organisational commitment to quality cancer services through engagement with the local Integrated Cancer Service and implementation of the Optimal Care Pathways.	<ul style="list-style-type: none"> Use supportive care screening tool for at least 50% of newly diagnosed cancer patients at Werribee Mercy Hospital. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Commence Optimal Care Pathway projects in collaboration with Integrated Cancer Services (NEMICS and WCMICS) to evaluate current oncology care. 	<ul style="list-style-type: none"> Achieved.

Priority	Action	Deliverable	Outcomes
Governance, leadership and culture	Demonstrate an organisational commitment to Occupational Health and Safety, including mental health and wellbeing in the workplace. Ensure accessible and affordable support services are available for employees experiencing mental ill health. Work collaboratively with the Department of Health and Human Services and professional bodies to identify and address systemic issues of mental ill health amongst the medical professions.	<ul style="list-style-type: none"> Implement revised workplace wellbeing program including physical and mental health in partnership with local councils, universities and other stakeholders. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Review utilisation and effectiveness of Employee Assistance Program. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Implement stress hazard methodology in areas identified as high risk for bullying and harassment, or with issues relating to local culture. 	<ul style="list-style-type: none"> Achieved.
	Monitor and publically report incidents of occupational violence. Work collaboratively with the Department of Health and Human Services to develop systems to prevent the occurrence of occupational violence.	<ul style="list-style-type: none"> Collaborate with the Victorian Health OHS Leadership Working Group to develop an occupational violence management program and outcome measures. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Implement new model for Assault and Aggression Management Training as part of the occupational violence management program. 	<ul style="list-style-type: none"> In progress. A position dedicated to assault and aggression management has been created and advertised. The position will implement the new training model. Assault and aggression management training continues to be delivered by Mercy Mental Health in the interim.
		<ul style="list-style-type: none"> Information on occupational violence reported in annual Report of Operations. 	<ul style="list-style-type: none"> Achieved.

Priority	Action	Deliverable	Outcomes
Governance, leadership and culture (<i>continued</i>)	Promote a positive workplace culture and implement strategies to prevent bullying and harassment in the workplace. Monitor trends of complaints of bullying and harassment and identify and address organisational units exhibiting poor workplace culture and morale.	<ul style="list-style-type: none"> Undertake People Matters survey in August/September 2015. Evaluate, feedback and implement corrective actions. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Review systems for reporting and monitoring of bullying and harassment to encourage reporting and resolution culture. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Develop an escalation pathway for issues raised by rotating junior medical staff. 	<ul style="list-style-type: none"> Achieved.
	Improve data reporting systems to increase accountability and transparency, consistent with the Transparency in Government Bill.	<ul style="list-style-type: none"> Improve information management and reporting through implementation of an Enterprise Resource Planning system. 	<ul style="list-style-type: none"> In progress. Implementation of an Enterprise Resource Planning System is underway across the wider Mercy Health organisation.
		<ul style="list-style-type: none"> Electronic Medical Record Design Authority to provide current state review and recommendations for future EMR requirements by December 2015. 	<ul style="list-style-type: none"> Achieved.
	Work collaboratively with the Department of Health and Human Services on service and capital planning to develop service and system capacity to deliver ambulance services where they are needed.	<ul style="list-style-type: none"> Continue construction of Stage 1D Phase 1 of the WMH masterplan to reduce cubicle block in the Emergency Department. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Continue service and capital planning with DHHS to enable treatment of higher acuity patients at WMH and reduce ambulance transit time and need to transfer patients to other health services. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Complete WMH 5-year service plan. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Commence planning for Stage 2A of WMH Masterplan to provide further access to higher acuity care, reduce ambulance transit time and need to transfer patients to other health services. 	<ul style="list-style-type: none"> Achieved.
	Contribute to the development and implementation of the 10 Year Mental Health Plan for Victoria and State of Victoria's Mental Health Services Annual Report.	<ul style="list-style-type: none"> Contribute to development of the 10 Year Mental Health Plan for Victoria and the State of Victoria's Mental Health Services Annual Report through consultation feedback and attendance at DHHS workshops planned for 2015/16. 	<ul style="list-style-type: none"> Achieved.

Priority	Action	Deliverable	Outcomes
Governance, leadership and culture (<i>continued</i>)	Embed the principles of the <i>Mental Health Act 2014 (Vic)</i> into all levels of service and system design and delivery.	<ul style="list-style-type: none"> Implement new Mercy Mental Health model of care providing integrated team approach to delivery of mental health services consistent with recovery-based care, <i>Mental Health Act 2014</i>, and within budget parameters. 	<ul style="list-style-type: none"> Achieved. Model of care is ready for implementation.
		<ul style="list-style-type: none"> Develop a clinical pathway for consumers to access mental health community support services and shared care with general practitioners. 	<ul style="list-style-type: none"> In progress. Pathway has been developed however implementation is subject to resolution of the Mental Health Nurses' EBA.
		<ul style="list-style-type: none"> Implement advance statements for mental health patients. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Continue implementation of Reducing Restrictive Interventions strategy to minimise rates of seclusion. 	<ul style="list-style-type: none"> Achieved.
	Apply existing capability frameworks and clinical guidelines to inform service system planning, giving consideration to the capability of neighbouring services and how best to allocate available resources so as to deliver the maximum benefit to the local community.	<ul style="list-style-type: none"> Participate in Phase 2 of the Strengthening Hospitals in Melbourne's West program with Western Health and Djerrivarrh Health to develop urgent care transfer agreements and surgical preadmission screening tool. 	<ul style="list-style-type: none"> Achieved.
	Implement strategies to support health service workers to respond to the needs of people affected by ice.	<ul style="list-style-type: none"> Implement a training program for staff managing patients affected by crystal methamphetamines (ice). 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Develop procedure for staff to manage acute intoxication on crystal methamphetamine. 	<ul style="list-style-type: none"> Achieved.

Priority	Action	Deliverable	Outcomes
Governance, leadership and culture (<i>continued</i>)	Build workforce capability and sustainability by supporting formal and informal clinical education and training for staff and health students, in particular inter-professional learning.	<ul style="list-style-type: none"> • Mercy Perinatal to host international conference – Global Obstetric Update – in November 2015. 	<ul style="list-style-type: none"> • Achieved.
		<ul style="list-style-type: none"> • Development of training programs by Mercy Perinatal available to local, interstate and overseas colleagues. 	<ul style="list-style-type: none"> • Achieved.
	Adopt the Healthy Choices: Food and Drink Guidelines for Victorian public hospitals, to increase the availability of healthy food and drinks for purchase by staff, visitors and the general public.	<ul style="list-style-type: none"> • Partner with café providers to provide food and drink options at WMH in line with the Healthy Choices: Food and Drink Guidelines for Victorian public hospitals. 	<ul style="list-style-type: none"> • Achieved.
Safety and quality	Ensure management plans are in place to prevent, detect and contain Carbapenem Resistant Enterobacteriaceae as outlined in Hospital Circular 02/15 (issued 16 June 2015).	<ul style="list-style-type: none"> • Develop and implement plan consistent with current guidelines for prevention, detection and containment of Carbapenem Resistant Enterobacteriaceae and other multi-resistant organisms. 	<ul style="list-style-type: none"> • Achieved.
	Implement effective antimicrobial stewardship practices and increase awareness of antimicrobial resistance, its implications and actions to combat it, through effective communication, education, and training.	<ul style="list-style-type: none"> • Ongoing dedicated antimicrobial stewardship pharmacy position created to drive communication, education and training. 	<ul style="list-style-type: none"> • Achieved.
	Ensure that emergency response management plans are in place, regularly exercised and updated, including trigger activation and communication arrangements.	<ul style="list-style-type: none"> • Annual emergency response drills performed. Observational audit of drills and follow up on any responses not consistent with management plans. Implement all corrective actions identified during drills. Feedback on performance provided to managers. 	<ul style="list-style-type: none"> • Achieved.
<ul style="list-style-type: none"> • Emergency procedures annual mandatory competency compliance reviewed monthly and followed up as required by managers. 		<ul style="list-style-type: none"> • Achieved. 	

Priority	Action	Deliverable	Outcomes
Safety and quality <i>(continued)</i>	Develop perinatal mortality and morbidity review processes in alignment with the Clinical Practice Guideline for Perinatal Mortality.	<ul style="list-style-type: none"> Evaluate perinatal mortality and morbidity review process to ensure consistency with the Clinical Practice Guideline for Perinatal Mortality. 	<ul style="list-style-type: none"> Achieved.
Financial sustainability	Improve cash management processes to ensure that financial obligations are met as they are due.	<ul style="list-style-type: none"> Maintain current cash management performance against financial key performance indicators and continue to meet financial obligations as they are due. 	<ul style="list-style-type: none"> Achieved.
	Identify opportunities for efficiency and better value service delivery.	<ul style="list-style-type: none"> Implement telephone postoperative review for low acuity, uncomplicated surgical patients. 	<ul style="list-style-type: none"> Not achieved and not required. Patients have been reviewed in clinic due to an increased presence of junior medical staff.
	Invest in revenue optimisation initiatives to ensure maximisation of revenue from both public and private sources.	<ul style="list-style-type: none"> Implement model for private patients in mental health facilities. 	<ul style="list-style-type: none"> In progress. Model of care is ready for implementation.
Access	Implement integrated care approaches across health and community support services to improve access and responses for disadvantaged Victorians.	<ul style="list-style-type: none"> Improve access to mental health services for patients assessed by the Alcohol and Other Drug program at Werribee Mercy Hospital. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Develop Memoranda of Understanding with South West and North West Alcohol and Other Drug Services. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Review complex care packages and home based strategies to facilitate early discharge of complex mental health clients and create additional inpatient capacity. 	<ul style="list-style-type: none"> Achieved.
	Progress partnerships with other health services to ensure patients can access treatments as close to where they live when it is safe and effective to do so, making the most efficient use of available resources across the system.	<ul style="list-style-type: none"> Collaborate with Albury-Wodonga Health to improve access to community palliative care for Victorian residents in the Albury-Wodonga region. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Establish Northern Maternal and Fetal Medicine Network. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Introduce lithotripsy service at Werribee Mercy Hospital. 	<ul style="list-style-type: none"> Achieved.

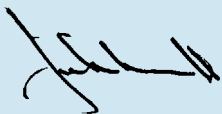
Priority	Action	Deliverable	Outcomes
Access (continued)		<ul style="list-style-type: none"> Increase the number of WMH shared care maternity bookings to a minimum average of 120 per month. 	<ul style="list-style-type: none"> In progress. Strategies to increase the uptake of the shared care maternity model are being pursued.
		<ul style="list-style-type: none"> Expand Mercy Health Breastmilk Bank to allow for more donations and access for neonates in other tertiary hospitals in Victoria to pasteurised donor breastmilk. 	<ul style="list-style-type: none"> In progress. Discussions continue with the Department of Health and Human Services in relation to broadening Mercy Health's donor pool and expanding the provision of donor milk to babies in other Victorian tertiary neonatal intensive care units.
	Optimise system capacity by ensuring that allocated points of care are implemented as per the Travis Review recommendations.	<ul style="list-style-type: none"> Open 8 beds funded under Travis review. 	<ul style="list-style-type: none"> Achieved.
	Work collaboratively with Ambulance Victoria to achieve timely transfer of patients.	<ul style="list-style-type: none"> Establish Emergency Department Streaming working group to improve processes for ambulance arrivals. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Utilise ambulance boards and monitor performance to reduce ambulance to cubicle transfer times. 	<ul style="list-style-type: none"> Achieved.
		<ul style="list-style-type: none"> Implement patient streaming for lower acuity patients. 	<ul style="list-style-type: none"> Achieved.
	Optimise alternatives to hospital admission.	<ul style="list-style-type: none"> Increase utilisation of HITH by 30% at Werribee Mercy Hospital. 	<ul style="list-style-type: none"> In progress. Rates of utilisation remained similar to the previous year. Strategies to improve uptake have been implemented.

Priority	Action	Deliverable	Outcomes
Access (continued)	Ensure that policies, procedures and service models are in place to manage and monitor colonoscopy referrals and ensure timely access for patients with an urgent clinical need.	<ul style="list-style-type: none"> Implement endoscopy reporting system at Werribee Mercy Hospital. 	<ul style="list-style-type: none"> Achieved.
	Participate in the state-wide mental health acute bed visibility web-based tool.	<ul style="list-style-type: none"> Utilise web-based mental health acute bed visibility tool to ensure timely access to acute mental health beds. 	<ul style="list-style-type: none"> Achieved.
	Develop Tele-health service models to facilitate the delivery of high quality and equitable specialist services to patients across regional Victoria.	<ul style="list-style-type: none"> Identify opportunities to implement Perinatal Medicine telehealth services to populations in Darwin. 	<ul style="list-style-type: none"> Achieved.

Performance priorities

Attestation on Data Integrity

I, Julien O'Connell, certify that Mercy Public Hospitals Inc. has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. Mercy Public Hospitals Inc. has critically reviewed these controls and processes during the year.



Julien O'Connell AM
Chairman, Mercy Public Hospitals Inc.
2 August 2016

Safety and quality performance

Key performance indicator	Target	MPHI actuals
Health Service Accreditation Compliance with NSQHS Standards accreditation	Full compliance	Achieved
Compliance with cleaning standards	Full compliance	Achieved
Very high risk (Category A)	90 points	96.1
High risk (Category B)	85 points	95.4
Moderate risk (Category C)	85 points	95.3
Compliance with the Hand Hygiene Australia Program	80%	84%
Percentage of healthcare workers immunised for influenza	75%	77%

Patient experience and outcomes performance

Key performance indicator	Target	MPHI actuals
Victorian Health Experience Survey – data submission	Full compliance	Achieved
Victorian Healthcare Experience Survey – patient experience Quarter 1	95% positive experience	91.7% achieved
Victorian Healthcare Experience Survey – patient experience Quarter 2	95% positive experience	95.9% achieved
Victorian Healthcare Experience Survey – patient experience Quarter 3	95% positive experience	94.9% achieved
Number of patients with surgical site infections	No outliers	Not achieved
SAB rate per occupied bed days	<2/10,000	0.8/10,000
Maternity – Percentage of women with prearranged postnatal care*	100%	100%
Mental Health – Percentage of adult inpatients who are readmitted within 28 days of discharge	14%	14.9%
Mental Health – Percentage of adult patients who have post-discharge follow-up within seven days	75%	69.6%
Mental Health – Rate of seclusion events relating to an adult acute admission	≤15/1,000	≤14.83/1,000

*for services delivering postnatal services

Financial sustainability performance

Key performance indicator	Operating result	
	Target	2015/16 actuals
Finance		
Annual operating result (\$M)	\$1.75m	\$0.797m
Public and private WIES performance to target	100%	97.2%
Trade Creditors	< 60 days	43
Patient Fee Debtors	< 60 days	53

Key performance indicator	Operating result	
	Target	2015/16 actuals
Asset management		
Asset management plan	Full compliance	Full compliance
Adjusted current asset ratio	0.7	0.43
Days of available cash	14 days	22 days

Access performance

Emergency care	Target	MHW actuals	WMH actuals
Percentage of ambulance patients transferred within 40 minutes	90%	96%	81%
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%	76%	57%
Percentage of emergency patients with a length of stay less than four hours	81%	76%	62%
Number of patients with length of stay in the emergency department greater than 24 hours	0	0	118

Elective surgery	Target	MPHI actuals
Percentage of elective patients removed within clinically recommended timeframes	94%	96.4%
Percentage of Urgency Category 1 elective patients removed within 30 days	100%	100%
10% Longest waiting Category 2 and 3 removed from the elective surgery waiting list	100%	100%
Number of patients on the elective surgery waiting list	1,324	1,281
Number of hospital initiated postponements per 100 scheduled admissions	≤8 /100	≤5/100
Number of patients admitted from the elective surgery waiting list – annual total	5,772	5,307

Critical care	Target	MPHI actuals
Neonatal ICU number of days below the agreed standard and flexible operating capacity	0	11

Data correct as at 25/8/16

Activity and funding

Funding type	Activity
Acute admitted	
WIES Public	35,559
WIES Private	3,596
WIES (Public and Private)	39,155
WIES DVA	141
WIES TAC	5
WIES TOTAL	39,301
Subacute & non-acute admitted	
Rehab Public	1,464
GEM Public	6,531
Palliative Care Public	4,746
Palliative Care DVA	301
Transition Care – Beddays	2,069
Transition Care – Homeday	864
Subacute non-admitted	
Health Independence Program	14,811
Mental health & drug services	
Mental Health Inpatient – Beddays	1,985
Mental Health Inpatient – WOt	16,213
Mental Health Ambulatory	30,560
Mental Health Subacute	9,733
Primary health	
Community Health / Primary Care Programs	601

Data correct as at 25/8/16

Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2015/16 is \$5,790,810 (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)
\$5.293m	\$1.810m	\$5.291m	\$1.812m

Consultancies

Details of consultancies (under \$10,000)

In 2015/16, there were no consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2015/16 in relation to these consultancies is \$Nil (excl. GST).

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

In 2015/16, there were no consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2015/16 in relation to these consultancies is \$Nil (excl. GST). Details of individual consultancies can be viewed at mercyhealth.com.au.

Detailed disclosure online

(\$Nil).

Reporting procedures

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

The Independent Broad-based Anti-corruption Commission

Phone: 1300 735 135

Fax: (03) 8635 6444

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

Website: ibac.vic.gov.au

Further information

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

National Competition Policy

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

The Building Act 1993

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

Victorian Industry Participation Policy Act 2001

During 2015/16, no contracts that required disclosure under the *Victorian Industry Participation Policy Act 2003* were started or completed.

Protected Disclosure Act 2012

Mercy Public Hospitals Inc. 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 Public Hospitals Inc. 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 Public Hospitals Inc. 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.

Disclosure Requirements (FRD 10)

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

Environmental performance

As a Catholic healthcare organisation Mercy Health is committed to promoting the common good. This means we are not only concerned for the people of today but for future generations as well. We are all responsible for caring for the earth and using its resources wisely to preserve them for those who come after us.

The papal encyclical released last year by Pope Francis, *Laudato Si* (On Care for Our Common Home) calls on Christian communities to respond to the need to care for the earth. As a faith-based organisation, Mercy Health also follows the example of our Foundress Catherine McAuley, who always responded to the needs of her time. Our environmental response seeks to engage all staff, and ground all strategic decisions, in an ecologically responsible and eco-spiritual approach to caring for our planet.

To progress our response, we formed the Our People and Planet Committee which aims to achieve six objectives:

1. raising individual and organisational awareness
2. gathering data and establishing a reporting framework
3. building connections
4. empowering the Encyclical
5. educating and transforming our people
6. evaluating and reflecting.

These objectives will ensure our environmental approach is sustainable, takes the long view and has practical application.

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

Outcomes	2015/16
Findings by the Magistrates' Court that Mercy Public Hospitals Inc:	
• 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 Public Hospitals Inc. 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 three years into our four year *Work Health and Safety Long Term Plan 2013/17*.

In 2015/16:

- We reviewed our Work Health and Safety monthly reporting to align with our Long Term 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) has been a focus for all health services this year following the Victorian Auditor General's *Report on Occupational Violence Against Healthcare Workers* released in May 2015.
- OVA incident reporting has increased by 26% this year compared to 2014/15. We recognise that there are mental health, social and economic factors that contribute to the high rate of OVA incidents in our hospitals, requiring specialised control measures. In response to this important issue an OVA Manager has been approved to improve our existing OVA framework and to provide specialist training and support to staff. This appointment will greatly assist in the achievement of our Long Term Plan by helping to reduce the negative impacts of OVA on our staff and hospitals.

- Manual handling claims have risen over the second half of 2015/16. To curb this increase we have developed a targeted training program that utilises a risk-based approach which we expect will reduce our manual handling claims in 2016/17.

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

Occupational violence statistics	2015/16
Workcover accepted claims with an occupational violence cause per 100 FTE	0.28
Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked	1.66
Number of occupational violence incidents reported	285
Number of occupational violence incidents reported per 100 FTE	15.71
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 2015/16.

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 actively 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 the platform for effectively managing risk. Mercy Health is also 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 2015/6 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 are being continually made to the processes and systems that support risk management, including the integration of strategic and emerging risk into Mercy Health's risk profile.

Audit framework

The Mercy Health Audit System combines both quality audit and independent internal audit resulting in a single integrated activity. This enables us to know how we are doing compared with recognised best practice and to identify points in processes where variation may exist.

We can also measure the rate of improvement over time. This approach has bridged the gap between the traditionally siloed quality and internal audit activities. In addition, this assurance process now operates as a single integrated activity into other key governance requirements of Mercy Health such as Risk Management and Board Sub Committees. Lastly 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 Public Hospitals Inc. recognises, promotes and values the role of carers. Mercy Public Hospitals Inc. 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); and/or
- ensuring 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); and/or

- 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 that 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 Public Hospitals Inc. complies with the Department of Health and Human Services hospital circular on car parking fees effective 1 February 2016 and details of car parking fees and concession benefits can be viewed at mercyhealth.com.au.

Attestation for compliance with the Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes

I, Julien O'Connell, certify that Mercy Public Hospitals Inc. has complied with Ministerial Standing Direction 4.5.5 – Risk Management Framework and Processes. The Mercy Public Hospitals Inc. Audit Committee has verified this.



Julien O'Connell AM
Chairman, Mercy Public Hospitals Inc
2 August 2016

Freedom of information

The *Freedom of Information Act 1982* (Vic) allows the public a right of access to documents held by Mercy Public Hospitals Inc. For the 12 months ending 30 June 2016, Mercy Public Hospitals Inc. received 434 applications.

Of the requests received by Mercy Public Hospitals Inc, access was granted in full for 341 requests. Access was granted in part for 16 requests under sections 33(1), 35(1)(a) and 38 of the Act. A total of 77 applications were withdrawn, not proceeded with or had not been finalised at 30 June 2016. One appeal was lodged with the Victorian Civil & Administrative Tribunal during the period, and was settled prior to the hearing.

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 *Requesting Personal Health Information* section of the *Contact Us* page of the Mercy Health website at mercyhealth.com.au. Requests for documents in possession of Mercy Public Hospitals Inc. should be addressed to the relevant facility/service:

Freedom of Information Officer

[Mercy Hospital for Women](#)

Health Information Services

163 Studley 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 Public Hospitals Inc](#)

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 and foicommissioner.vic.gov.au

Additional information (FRD 22F)

In compliance with the requirements of FRD 22F Standard Disclosures in the Report of Operations, details in respect of the items listed below have been retained by Mercy Public Hospitals Inc. 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 Public Hospitals Inc. 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 2015/16

Mercy Perinatal

Mercy Perinatal continues to develop as a leader in perinatal research and expertise, bringing together leading local and international clinicians and researchers to improve health outcomes for mothers and their babies. Focusing on clinical maternal fetal medicine, research and education, Mercy Perinatal is pioneering research in the areas of stillbirth, ectopic pregnancy, preeclampsia, fetal growth restriction and maternal mental health. A very successful international conference, the Mercy Global Obstetric Update, was hosted in Melbourne in November 2015.

WEstjustice Community Legal Centre

Werribee Mercy Hospital's partnership with WEstjustice is benefiting some of the most vulnerable people in our community. WEstjustice is a community organisation that provides free legal assistance and financial counselling to the local community. A satellite service commenced at Werribee Mercy Hospital in May 2016 and offers patients

attending antenatal clinics and mental health services the opportunity to (respectively) seek confidential advice in relation to matters of family violence, fines and personal debt. Operated independently by WEstjustice, the service is supporting Werribee Mercy Hospital patients and the state government's priority to respond to family violence.

Happy Healthy Beginnings Clinic at Werribee Mercy Hospital

Happy Healthy Beginnings has been introduced 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 Children's Research Institute, the service delivers antenatal care from a local maternal and child health centre. The unique model provides holistic care and supports social cohesion, and will be evaluated by the Murdoch Children's Research Institute under the broader program of work in refugee health called *Bridging the Gap*. We hope this inherently patient-centred model will inform similar models for other culturally diverse groups in the future.



Highlights 2015/16 (cont.)

Mercy Hospital for Women Breastmilk Bank five-year anniversary

February 2016 marked the five-year anniversary of the Mercy Health Breastmilk Bank. The Breastmilk Bank continues to be the only bank of its kind in Victoria providing preterm infants in the Mercy Hospital for Women Neonatal Intensive Care Unit and Special Care Nursery with pasteurised donor milk when their mother's own milk is in short supply or when lactation is delayed following preterm birth. Mercy Health continues to work with the Department of Health and Human Services in relation to the potential future expansion of the service.

Expansion of surgery at Werribee Mercy Hospital

Throughout the year, Werribee Mercy Hospital has continued to expand surgical services with the appointment of an additional orthopaedic surgeon and ear nose and throat surgeon. Given the extent of future growth set to occur at Werribee Mercy Hospital, this is an important step in line with broader plans to increase the capacity and capability of our workforce.

In addition, Werribee Mercy Hospital has facilitated access for long waiting elective surgery patients through collaboration with other metropolitan health services. Werribee Mercy Hospital has been able to accept the transfer of suitable elective surgery patients and provide surgery in a more timely way, closer to where patients live. This initiative will be carried into 2016/17.



Highlights 2015/16 (cont.)

Commissioning of Werribee Mercy Hospital Stage 1D – Phase 1 (Clare Moore Building)

On Friday 13 May 2016 the first phase of the \$34.7 million Mental Health Unit Expansion at Werribee Mercy Hospital was commissioned and clients were transferred into the new facility. The first phase accommodates 27 beds across two floors, 10 of which are in the Intensive Care Area (high dependency) and 17 in the Recovery Care Area (low dependency). The new facility, fittingly named the Clare Moore Building after one of the original Sisters of Mercy, represents a significant improvement in amenity for clients and staff. Its environment has been designed specifically to support implementation of new models of care.

The second phase of the Clare Moore Building project is currently underway and, when complete in early 2017, will provide a total of 54 inpatient beds. The additional capacity afforded by this project is much needed in light of significant population growth in western Melbourne and the increasing need for access to specialist mental health care.

Werribee Mercy Hospital Stage 1C redevelopment

Planning for the \$85 million redevelopment of Werribee Mercy Hospital is well underway. The eagerly-awaited expansion of the hospital was funded in the 2015/16 state budget and in 2019 will deliver an additional 56 acute inpatient beds, eight critical care beds, six theatres, central sterile supply department expansion and plant upgrade. The community and staff alike will benefit from this major redevelopment which will significantly improve access for people of the west.

Mercy Health has committed \$2 million funding towards the redevelopment in addition to state government funding. Mercy Health Foundation and Werribee Hospital Foundation's efforts are focused on fundraising for critical care services.



Highlights 2015/16 (cont.)

Werribee Mercy Hospital Service Plan 2016

The Werribee Mercy Hospital Service Plan 2016 has been finalised and provides a plan for the range and scope of services required to meet population demand over the next 10 years to 2026. The City of Wyndham has been identified as one of the largest and fastest growing Local Government Areas in Australia, and Werribee Mercy Hospital will need to grow in capacity and capability to meet the healthcare needs of the catchment. Future facility requirements forecast in the Service Plan have been considered in the Masterplan Review of the Werribee Mercy Hospital site. The Service Plan and Masterplan will inform future expansion opportunities beyond the commissioning of Stage 1C in 2019. This is critical to ensuring the community of south western Melbourne is not disadvantaged in terms of access to an appropriate range of local public hospital and healthcare services.

Outpatient Facility at Werribee Mercy Hospital

In March 2016, Mercy Health completed a \$1.4 million self-funded project to refurbish the old South Stone Lodge facility (previously a psychiatric residential aged care facility operated by Melbourne Health). The refurbished facility provides a new outpatient clinic with 20 consulting rooms and two treatment rooms, significantly improving the hospital's ability to conduct necessary specialist and outpatient consulting.



Research

This year has again witnessed an impressive volume and quality of research output across our health services.

Our research community has produced outstanding work in perinatal, oncological, paediatric, gynaecological, midwifery and pharmacological research, while other areas including infection control and diabetes education have also flourished.

More detail on our research and development activity is available in the 2015 *Mercy Health Research and Development Report* (visit the Publications section of mercyhealth.com.au).

Perinatal, nursing and midwifery

- **Improved diagnosis of fetal growth restriction:** investigating the significance of slowing growth in late pregnancy on fetal wellbeing, to develop better ways to identify babies at increased risk for stillbirth.
- **Investigating the impacts of sleep disorders in pregnancy:** investigating the impacts of sleep disordered breathing, hypertensive disorders of pregnancy, and maternal position during sleep on fetal wellbeing and growth restriction.
- **New genetic technologies in prenatal diagnosis:** investigating the impact of non-invasive prenatal testing in pregnancy, and developing new diagnostics to predict preterm birth.
- **Medication based treatments to replace surgery for ectopic pregnancies:** developing a treatment approach that could end the need for surgical intervention and with it, the risk of long-term complications including infertility.
- **Diagnostics to monitor wellbeing of the sick fetus in the womb:** building on a landmark 2013 Mercy Health study, validating the discovery of placental molecules released when a baby is significantly starved of oxygen, to develop a clinically useful blood test that can identify babies at risk of stillbirth.
- **Improving pregnancy outcomes in obese women and women with gestational diabetes mellitus (GDM):** researching methods and impacts of modifying gestational weight gain; developing a better understanding of how maternal diabetes and obesity damage the placenta; trialling the efficacy of

phytophenols in delaying preterm birth or preventing GDM; and searching for biomarkers that would enable early diagnosis of GDM.

- **Advancing nursing and midwifery care:** researching pregnancy and postpartum issues including increasing uptake of influenza vaccine and long-term effects of placental insufficiency.
- **Mercy Pregnancy and Emotional Wellbeing Study (MPEWS):** longitudinal research into implications of severe mental illness during and after pregnancy on long-term mother and infant wellbeing.

Paediatrics

- Advancing tertiary neonatal care across respiratory management and prevention of chronic lung disease; nutrition; brain injury; infection and immunity; palliative care and ethics and long term neurodevelopmental outcome.



Gynaecology, gynaecology and urogynaecology

- Advancing management of chronic pelvic pain and bleeding disorders through new treatment approaches.
- Advancing treatment of severe endometriosis with new diagnostics and improved medical and surgical interventions.
- Advancing early diagnosis and management of gynaecological cancers, with a focus on ovarian and cervical cancers.
- Advancing treatment approaches for prolapse and incontinence.

Allied health

- Advancing care of our community across pharmacy, geriatric evaluation and management, complex care and palliative care.

The Human Research Ethics Committee, Mercy Health operates to ensure 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 2015/16

Introduction of Leadership Development and Culture Program

Mercy Health was very pleased to introduce this year a Leadership Development and Culture Program for leaders and emerging leaders across Health Services. The program has been 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 are valuing 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.

Diploma of Leadership & Management

The final unit for this nationally recognised qualification was delivered in December 2015 with 26 staff from across Mercy Health graduating. The course was revised extensively in early 2016 to include an additional four units, and 24 participants have commenced the course in 2016.

Year of Mercy: responding to mission

On Divine Mercy Sunday 2015, the Holy Father asked each diocese across the world to leave a lasting memorial to the Papal Jubilee Year of Mercy by establishing a hospital, home for the aged, or school in an area of need. In response to Pope Francis' call, Mercy Health has continued to expand our services to support the most vulnerable people in our community.

We have also strengthened our focus on formation through the Mercy International Reflection Process, which unites Mercy congregations around the globe in contemplation and action to achieve our vision for a more just and compassionate world.

Living Our Values awards

These awards recognise and reward our people for behaviours that align with our mission, vision and values. More than 200 recipients were acknowledged at our Annual Leadership Day in December.



Highlights 2015/16 (cont.)

Ethos, values and culture

Our Ethos, Values and Culture committees operate throughout our organisation, to establish and promote a values-based culture as part of our strategy to “enhance our culture through the continual embedding of Mercy Health values and Mercy ethos throughout the organisation”.

New terms of reference were established for the committees in early 2016, supporting members to:

- organise regular gatherings of new employees to ensure they are educated in and understand our ethos
- promote staff attendance at ethos-based activities and support events and services which define Mercy such as Mercy Day, Christmas and Easter services, memorial services, and pastoral and palliative care services
- identify and plan activities to support ethos and mission in conjunction with Mercy Health leadership.

Medical credentialing

The credentialing of senior 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.

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

Awards

2015 Catholic Health Australia Awards:

Ms Megan McKechnie, Nurse of the Year
Reverend Associate Professor Cormac Nagle OFM,
Maria Cunningham Lifetime Contribution Award

Workplace Gender Equality Agency Employer of Choice for Gender Equity citation

Breastfeeding Friendly Workplace accreditation

Executive PA Magazine Awards 2015:

Ms Janine Turner, Executive Assistant to Chief Executive-Health Services Adjunct Professor Linda Mellors, PA of the Year

CEO Magazine Executive of the Year Awards 2015:

Mr Julien O’Connell AM, Chairman, runner up
Chairperson of the Year.

Australian Business Awards Employer of Choice 2015

Finalists

Australian HR Awards 2015:

Employer of Choice (Public Sector & Not for Profit)
Employer of Choice (1,000+ employees)
HR Champion (CEO) of the Year
HR Manager of the Year (Ms Sandra Cinar)
Best Use of Technology
Best Workplace Flexibility Program



Our workforce

Mercy Public Hospitals Inc. is 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.

Mercy Public Hospitals Inc. 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.

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	2015 (June month)	2016 (June month)	2015 (YTD June)	2016 (YTD June)
Administrative and clerical	207.7	215.6	199.8	214.2
Ancillary support services	76.3	77.4	72.8	73.7
Hospital medical officers	140.3	165.7	134.7	148.0
Hotel and allied	149.5	168.0	147.1	161.0
Medical officers	22.9	20.4	22.4	22.4
Medical support services	81.0	90.3	80.3	88.2
Nurses	1,031.6	1,094.1	1,004.4	1,059.8
Sessional clinicians	62.6	70.2	61.9	70.3
Total	1,771.9	1,901.8	1,723.4	1,837.6

Note: All figures based on full-time equivalent.



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



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