

For I know the plans
I have for you, plans
for welfare ... to give
you a future and
a hope.

Jeremiah 29:11



Mercy Health
Care first



Mercy Health

Year in Review

2013/14



We believe in the sacredness and dignity of each person at every stage of life.

We are committed to providing compassionate care to all people.

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Welcome



“...remember that not to advance is to go back, and reflect each day what you can do more...than you did the day before.”

Catherine McAuley

The words above were spoken by our Foundress more than 150 years ago. There can be no better encapsulation of Mercy Health's guiding principles for today and strategic plan for our future.

At Mercy Health we never lose sight of our need to evolve to meet new challenges in public health, aged and community care. It is both our duty as custodians of Catherine McAuley's legacy and our privilege as a provider of care to people of all ages, all faiths and beliefs, at every level of society.

This is why we can look back on the past 12 months with pride and a determination to continue responding to the changing needs of our community. 2013/14 witnessed a rapid expansion in our services and facilities to keep pace with ever-growing demand, most notably in Melbourne's west and, in a milestone development, into Western Australian aged care.

Key areas of service growth included maternity, aged care, subacute services, allied health and mental health. New facilities include a geriatric and rehabilitation centre at Werribee Mercy Hospital, a mental health inpatient facility in Footscray and expanded residential aged care facilities in Sandringham and Warrnambool.

Each new development is a concrete expression of Mercy Health's focus on continuous innovation and improvement.

From the care we provide to our workplace culture to our research program, we aim to open new horizons in Australian and global healthcare to ensure the community will continue to benefit tomorrow.

Our leadership has always extended to advocacy and support for the vulnerable and disadvantaged. In looking back at the past 12 months, this contribution has arguably never been more critical. Our work in aged care advocacy and with refugee communities, the homeless and those with severe mental illness among many others has provided vital support to people in the most extreme hardship.

We have also expanded our program of quality improvement to continually enhance our person-centred care in line with the National Safety and Quality Health Service Standards.

Those who entrust us to partner in their care deserve the very best we can provide. It is both our responsibility and our privilege to ensure we achieve this goal for every person, every day.

We hope you enjoy the 2013/14 *Mercy Health Year in Review*.

Adjunct Professor Stephen Cornelissen
Chief Executive Officer

Mr Julien O'Connell
Chairman

Mercy Health: more than 150 years of caring for our community

1823-1841

When the poor and sick of Dublin begged for hope and healing, Catherine McAuley was listening.

In 1823 Catherine, a Catholic laywoman, founded the House of Mercy. This groundbreaking centre housed and educated the neediest women in her community.

To ensure her work could continue, in 1831 Catherine founded the order of the Sisters of Mercy.

Over the next 10 years until her death, Catherine set up 14 independent convents in Ireland and England to spread the Sisters' mission.



1842-1919

When the call came from half a world away, the Sisters heard. A new journey had begun.

Catherine's vision lived on as the Sisters expanded their mission to Australia and New Zealand's distant shores.

Arriving in Perth in 1846, Sr Ursula Frayne led a small party into the largely untamed environment.

Despite many hardships the Sisters never lost their focus on tending those in need. They opened schools and convents around the country, their first hospitals in Brisbane and Sydney, and one of the earliest

Aboriginal support centres, the Benevolent Institution for Aboriginal Children, in Perth.



Mercy Health
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1996-TODAY

As our community's needs continue to grow, the Sisters welcome others who 'have the heart for the mission'.

In 1996, aged care and mental health were added to the Mercy hospital charter, forming Mercy Health and Aged care.

In 2008, we became 'Mercy Health' to capture the full and holistic scope of our health services and Mercy Health Training Institute began teaching our next generation of health and aged care workers.

Today Mercy Health, together with many other Mercy ministries, works to care and advocate for all people, especially the poor and marginalised in our society. There can be no doubt Mercy Health is keeping Catherine McAuley's dream of justice, hope and healing a living reality.



1920-1995

When a public health crisis hit Melbourne, the Sisters were ready to respond.

In 1920 a devastating flu pandemic inspired the Sisters of Mercy to open their first Victorian hospital, St Benedict's in Malvern.

The success of St Benedict's allowed the Sisters to open Mercy Hospital in East Melbourne in 1934, Mercy Maternity Hospital (later renamed Mercy Hospital for Women) in 1971, Mercy Hospice in 1982 and Werribee Mercy Hospital in 1994.



The Mercy mission continued to spread, embracing many causes, congregations and laypeople working to forge a more compassionate world.

Mercy Residential Aged Care



Gardens help create a supportive and stimulating environment

“Keeping residents at the centre of all we do, building community partnerships, recognising families as integral to the aged care community, creating an optimal environment.”

Mercy Health’s aged care residences support older people to live comfortably, be active and stay connected to community, family and friends.

Our philosophy of aged care

At Mercy Health we:

- value each person and their life story knowing this is what makes them who they are today
- welcome people into a homelike environment where they feel safe, comfortable and valued
- partner with residents and families to nurture individual health, emotional, social and spiritual wellbeing
- encourage independence and support people to live their lives to their fullest potential
- enable each person to discover and fulfil opportunities to live an enriched and meaningful life.

By respecting each person we care for in these ways we aspire to ensure they have the best day possible, each and every day.

New model of aged care

Over the past year Wendy Dunn, Clinical Director Aged & Home Care Services, has overseen a full review of our model of aged care. The review looked at the way we deliver aged care every day to ensure our philosophy is applied consistently across all our residential aged care homes.

The model aims to:

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

To support this work we aim to align our facilities’ design to each aspect of the model of care. Several facilities have been redeveloped this year to provide more opportunities for a stimulating and clinically supportive home life. These include memory rooms and sensory gardens designed to help combat the effects of dementia.

Aged care accreditation

Our residential aged care facilities have received announced and unannounced visits by the Aged Care Accreditation Agency throughout the year.

The visits present a great opportunity for Mercy Health to showcase the high standard of care and services we offer our residents on a daily basis.

As an outcome of the visits all our facilities have retained full accreditation – a testament to the skill, dedication and loving care of our staff.

Residential aged care reform

We have also been busy preparing for major federal government reforms that will change residential aged care in 2014. These include:

- offering new payment options for people entering care
- publishing a key features statement for each facility on the My Aged Care website
- publishing prices and accommodation information.



The new model of aged care recognises families are central to residents’ quality of life



Collaborative training for western Victoria

Accessible and affordable training is an ongoing challenge for aged care facilities in rural areas. Distance forces many staff to study remotely or travel to metropolitan areas. To address this need Mercy Place Warrnambool launched a Regional Aged Care Training Unit in August 2013 that will help develop the skills of western Victoria’s aged care workforce.

The unit offers courses for clinical and non-clinical aged care workers including personal care attendants, nurses, catering staff, lifestyle and occupational therapists, cleaners and maintenance staff. The project team has worked with aged care providers in the region to identify their needs and develop a training calendar to foster best practice in aged care.

“The Regional Aged Care Training Unit is a welcome addition to the community of western Victoria,” said Sheryl Nicolson, Service Manager, Mercy Place Warrnambool. “Many of the local aged care facilities are highly supportive of this collaborative model.”

Mercy Health thanks four local trusts, the Ern Hartley Foundation, The Archie and Hilda Graham Foundation, A L Lane Foundation, and the Gwen and Edna Jones Foundation, for generously funding the unit.



Residents and family enjoy a chance to get close to the Melbourne Cup

The aged care reforms also require our Independent Living Units to give more information to prospective residents. This includes a fact sheet outlining key details about the facility.

Mercy Health welcomes the extra transparency these reforms will give to help residents and families make a more informed decision about residential aged care.

Mercy Health Bethlehem Home for the Aged

In December 2013 we unveiled stage two of our Bendigo facility's redevelopment. The new section, part of a \$23 million upgrade, was opened and blessed by Bishop Les Tomlinson in December 2013 in the company of staff, residents, families and community members.

The upgrade adds 60 new residential aged care beds, a new main entrance and foyer, administration space, kiosk and chapel.

Mercy Place Warrnambool

Another major facility redevelopment followed in April 2014 with the opening and blessing of our new 55 bed accommodation wing in Warrnambool.

The \$9.5 million sustainable design upgrade includes four large lounge areas with country views, alfresco dining, outdoor spaces with raised gardens, communal, staff and administrative areas, a central dining space, a resident kitchen and a chapel. The entry lobby, café and hair salon within the existing building were also refurbished.

"We are pleased to increase our involvement in the Warrnambool community and hope to further strengthen the ties the Sisters of Mercy have had in the region moving into the future," said Mercy Health Chief Executive Officer, Adjunct Professor Stephen Cornelissen.



Sr Sheila Gleeson attended the opening of Warrnambool's new wing

Mercy Place Fernhill

A complete redevelopment of our Fernhill facility in Melbourne's south east began in mid-2013. The new state-of-the-art 120-bed facility will give both couples and single residents more flexibility in their accommodation options.

The facility is due to be completed in early 2015.

Cup carnival comes to Mercy

In September 2013 residents at Mercy Place Albury and Mercy Place East Melbourne enjoyed a visit from the 2013 Emirates Melbourne Cup Tour.



Clay therapy reshapes residents' days

Mercy Place Montrose residents are using their hands and imaginations to create practical and artistic ceramic objects. Both fun and therapeutic, the clay therapy sessions have become one of the home's most popular activities.

Lifestyle Coordinator David Thomson said the residents love the hands-on aspect of the program and have created a variety of objects from bowls to Christmas decorations. "It gives the residents something tactile to work with and a sense of creativity," Mr Thomson said. "There is also the satisfaction and pride they get from making something with their own hands."

Once the objects are created they are taken away to be fired, before being painted by residents and refired. They are then used as pieces of art, some of which have been placed in the home's reflective garden.

The cup and a crew of 15 retired jockeys and trainers visited both homes. Albury's lifestyle staff had decorated the facility as Flemington Race Course to celebrate. Staff also hosted a series of racing-themed activities for the special event.

"Many residents were very interested to see the famous Melbourne Cup close up and have their photo taken with former racing icons," said Narelle Hill, Lifestyle Coordinator, Mercy Place Albury. "It's a once in a lifetime opportunity."

Dementia Awareness Week 2013

As part of Dementia Awareness Week in September, Mercy Health and the Cooperative Research Centre (CRC) for Mental Health hosted 'Depression + Dementia', an interactive panel discussion for the community, aged care residents, aged care staff, family and friends.

Leading dementia awareness

Mercy Health remains active in promoting better knowledge and treatment of dementia.

In 2013 three facilities hosted staff sessions on understanding dementia and associated behaviours with more facilities scheduled to take part throughout 2014. Residents' family and friends were also invited to attend evening sessions.

A series of community information and education sessions have also been conducted by our Chair in Aged Care. 'Understanding Dementia at Mercy Health – communities coming together' covered the physical, behavioural, psychological and functional symptoms of dementia and strategies for care.

Attendees learned about current dementia research, care options for people affected by depression and dementia, and how to recognise signs and symptoms of each condition. An open session followed in which attendees

Café Conversations has helped me connect with others going through the same journey. It makes me feel more normal.

asked questions relevant to them, their loved ones and their community. Speakers at the event included aged care professionals, residents, notable depression and dementia researchers, carers, families and friends.

Several facilities also ran dementia awareness activities during the week.

Mercy Place Colac hosted an Alzheimer's Australia dementia education session, 'Effective Communication'. The session looked at how dementia can affect communication between a person with the condition and their family and carers, and suggested a range of alternative ways to communicate.



Dementia + Depression panel members Geraldine Webster, Service Manager Mercy Place Parkville, Mercy Health's Professor Fran McInerney, Professor Ashley Bush, CRC for Mental Health, Andrew Watt, Alzheimer's Australia and Clinical Associate Professor Briony Dow, National Ageing Research Institute



Music continues to play an important role throughout our lives

Mercy Place Parkville hosted a nostalgic activities circuit to help reduce the confusion and agitation people with dementia experience. Residents and families enjoyed bocce, croquet, totem tennis and a 'Drums Alive' fit ball drumming program among other activities.

Familiar or uncomplicated activities help to build self-confidence and create a sense of achievement for people with dementia.

An ongoing focus

Other programs run in 2013 included Mercy Place Parkville's 'Café Conversations', a new forum for relatives of residents to share stories, learn from aged care experts and find mutual support. Guest speakers included Mercy Health's Chair in Aged Care who guided participants to a deeper understanding of the disease.

"It has helped me connect with others going through the same journey," reported one participant. "It makes me feel more normal."



*Residents
enjoyed a visit from
the Victorian Police Band at
Mercy Place East Melbourne*



Perfect Puccini echoes through the halls at Mercy Place Parkville

In April 2014 residents and staff of our Parkville facility were serenaded by four renowned musicians as part of the home's growing music therapy program.

Singers Michelle Buscemi, Nathan Lay and Rebecca Gullinello joined pianist Professor David Kram to perform pieces ranging from Danny Boy to songs from the classic Puccini opera La Boheme.

Event organiser Bernadette Blair-Slater, whose mother Lorna is a resident, said the 'Afternoon of Opera' was a great success with the music inspiring deep emotions.

"The residents really appreciated it," Mrs Blair-Slater said. "Some of them were crying and holding each other during one of the songs because it meant so much to them."

Mercy Place Parkville Service Manager Geraldine Webster said it was a very moving event. "The response after the show has been amazing, the residents have been buzzing ever since," she said.

Mercy Day celebrations

Mercy Place East Melbourne received a special visit from the Victorian Police Band on 24 September 2013. Residents and their families enjoyed hearing the much-loved community band play familiar songs from the 50s, 60s, 70s, 80s and today.

"We were delighted to have the police band visit to entertain residents," said Jasmeet Mangat, Lifestyle Coordinator, Mercy Place East Melbourne. "Mercy Health and Victoria Police uphold similar values. We both work to care for and protect people whether it is in a health setting or in the community."

This event was part of the home's Mercy Day celebrations, a significant date in the Mercy Health calendar to mark the feast of Our Lady of Mercy and honour Catherine McAuley, foundress of the Sisters of Mercy.

Aged care open days: all are welcome

Our residential aged care facilities opened their doors in June 2014 to give prospective residents and their families an insight into life in our aged care communities.

Part of the Aged and Community Services Australia (ACSA) national open day program, the event helps individuals and families to make an informed choice about aged care.

Visitors enjoyed an afternoon tea and the chance to meet current residents and staff. Tours were run throughout the afternoon as well as bingo and a range of other activities.

Executive Director Residential Aged Care Voula Yankoulas said the day gave the facilities an opportunity to celebrate their fantastic services.

"We were thrilled to be able to showcase our high-quality services and our dedicated staff, who go above and beyond to ensure our residents are as happy, healthy and comfortable as possible," Ms Yankoulas said.

The open days support Mercy Health's focus on growing our aged care services to meet the needs of our ageing population.

Visitors enjoyed afternoon tea and the chance to meet current residents and staff. Tours were run throughout the afternoon as well as bingo and a range of other activities.



Mercy Place East Melbourne residents greet open day visitors

Mercy Health aged care staff recognised for excellence

A record number of Mercy Health aged care staff were acknowledged in the 2014 ACSA Victoria Aged Care Awards. Boasting five finalists and one winner, our staff had many reasons to be proud of standing out among hundreds of nominations from aged care providers across the state.

Staff from four facilities were nominated in three award categories — Employee, Volunteer and Trainee of the Year — and all were chosen as finalists.

Mercy Place Wyndham trainee care attendant Aroha Cookson took out final honours in her category. Despite the accolade Aroha was humble about her win. "I'm very excited of course, but I love what I do so it doesn't feel like hard work to me," she said.

The annual awards celebrate excellence in the not-for-profit aged and community care sector.

ACSA VICTORIA AGED CARE AWARDS

FINALISTS: EMPLOYEE CATEGORY

Emma Mole, Clinical Support Coordinator,
Mercy Place Parkville

Antoinette Cuthbertson, Service Manager,
Mercy Place Colac

Catherine Considine, Community Care Worker,
Mercy Health inner Melbourne

FINALIST: TRAINEE CATEGORY

Aroha Cookson, Trainee Personal Care Attendant,
Mercy Place Wyndham, Werribee

FINALISTS: VOLUNTEER CATEGORY

Erin Davis, Mercy Place Parkville

Keith and Barb Smith,
Mercy Place Rice Village, Geelong

WINNER

Aroha Cookson – Trainee of the Year



Open day activities included a Mad Hatter's Tea Party at Mercy Health Bethlehem Home for the Aged

Mercy Health Services



*Being partners
in care is part of our
heritage and our future*

*“The midwifery
team works
collaboratively
and shares their
knowledge and
experience more
effectively.”*

Mercy Health provides acute and subacute hospital care, aged care, mental health programs, specialist women's and babies' health, early parenting education and support, palliative care, home and community care, and health worker training and development.

The past 12 months have seen much work within Mercy Health to prepare for accreditation under the new National Safety and Quality Health Service Standards. Developed by the Australian Commission on Safety and Quality in Health Care, the standards offer healthcare providers a structure through which to continuously improve services, measure performance and offer a more responsive model of care.

We have formed working groups across Mercy Health Services for each of the 10 standards and for the new mental health standards. The working groups will ensure our practices meet or exceed the standards' requirements.

Updated program structure means even better care

Our move to a program-based, rather than facility-based management structure has enabled us to make many positive changes in our services. The new structure

unites Mercy Hospital for Women, Werribee Mercy Hospital, Mercy Health O'Connell Family Centre, Mercy Mental Health, Mercy Palliative Care and Mercy Care Centres Young and Albury under one model to help us deliver collaborative care.

Staff have been highly supportive of this milestone development in Mercy Health's history, working hard to make the transition smooth and effective. The benefits are already clear in the integration of services across both major hospitals, offering even better care for our community.

Linking our maternity services

One vivid example of these benefits is in the linking of midwifery services across Mercy Hospital for Women and Werribee Mercy Hospital. "The new program has enabled two sets of care guidelines to be combined into one," noted Megan Burgmann, Program Director Women's & Children's Services.

"The midwifery team works collaboratively and shares their knowledge and experience more effectively since the program structure was introduced."

Key appointments

The beginning of the year saw a number of senior medical appointments to enhance Mercy Health's care and training services.

Associate Professor Scott Simmons has been appointed Health Services Clinical Director of Anaesthesia, Perioperative and Pain Medicine across Health Services.

Dr Eoin Casey joins us as Head of Anaesthesia at Werribee Mercy Hospital. Dr Casey will lead a team of staff anaesthetists, giving patients the advantage of having specialist care on staff rather than on a fee-for-service basis.

Dr Dan Casalaz has been appointed Clinical Director of Paediatrics at Mercy Hospital for Women. Dr Casalaz is an experienced neonatologist who plans to continue the department's focus on excellent clinical and family care as well as research and training.

Mercy Health's baby boom

Mercy Health hospitals have continued to break previous years' records in the number of babies welcomed in our facilities.

The number of babies born at both Mercy Hospital for Women and Werribee Mercy Hospital rose from 8,189 in 2012/13 to 8,794 in 2013/14.

Mercy Hospital for Women recorded a rise from 5,934 to 6,056 while Werribee Mercy Hospital increased from 2,217 to 2,738. In addition, Werribee Mercy Hospital's refurbished maternity and neonatal services area has given mothers and babies state-of-the-art facilities.

Mercy Health Executive Director Health Services Dr Linda Mellors said extra funding allowed Werribee Mercy Hospital to increase maternity services by 20 per cent.

"The increase means Mercy Health is one of the biggest providers of maternity care in the state of Victoria, caring for nearly 9,000 births per year across Mercy Hospital



*Deborah Pidd,
Midwifery Unit
Manager, Mercy
Hospital for Women*

Advanced antenatal education program

In 2014 Deborah Pidd, Midwifery Unit Manager, Outpatients Department at Mercy Hospital for Women ran an advanced antenatal education program across both Heidelberg and Werribee midwifery units. The program trains midwives in full antenatal assessment and examination.

"The result is a very highly skilled team of midwives," said Megan Burgmann, Program Director Women's & Children's Services. "By working across both hospitals Deb has been able to take the best elements of each team and share them to improve practice. It's a real tribute both to Deb's leadership and to collaboration."

Deborah also presented the program to a wider audience at the Perinatal Society of Australia and New Zealand 17th Annual Congress in Adelaide in 2013 and at the International Confederation of Midwives Triennial Congress in Prague in June 2014.

for Women and Werribee Mercy Hospital," Dr Mellors confirmed.

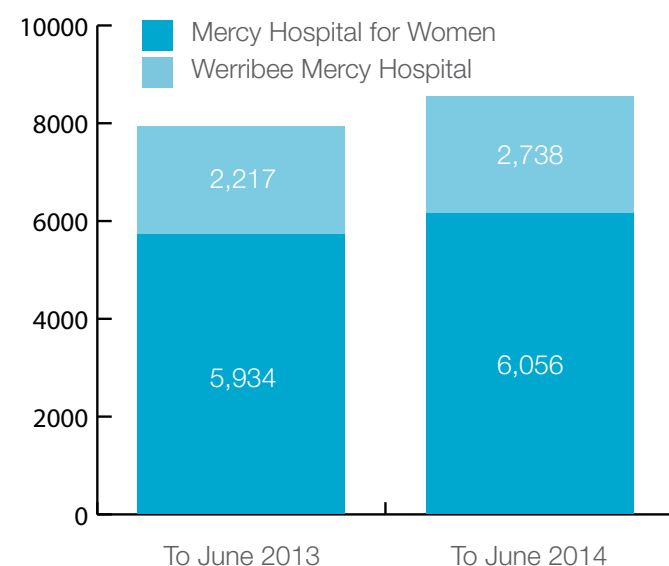
The increase is especially welcome at Werribee Mercy Hospital. Previously only 48 per cent of women living in the region were able to give birth close to home.



The refurbished maternity and neonatal services area gives mothers and babies state-of-the-art facilities

"This is a wonderful outcome for the 2,715 women who were able to give birth at their local hospital in 2013/14," noted Dr Mellors. "I congratulate the medical, midwifery, allied health and support staff at Werribee Mercy Hospital who made this result possible — a true reflection of their leadership and dedication to the community of Wyndham."

Births at Mercy Health hospitals 2013/14



Obstetric PROMPT supports a team effort

Mercy Hospital for Women was grateful to receive funding from the Victorian Managed Insurance Authority to offer new training on a team approach to managing obstetric emergencies. The PROMPT (PRactical Obstetric MultiProfessional Training) system helps staff coordinate a seamless response to obstetric emergencies across midwifery, nursing, neonatal, surgical and other key roles by setting out easy to access processes and procedures. The system helps ensure emergency obstetric care is always timely, high quality and appropriate.

Funding for the training was later also received by Werribee Mercy Hospital with the first training sessions held in July 2014.

High-dependency course for obstetric staff

Run in collaboration with Austin Health, Mercy Hospital for Women has introduced a new course to help midwives manage the rising number of obstetric emergencies.

As factors such as obesity and gestational diabetes become more common, mothers increasingly need intensive monitoring and intervention during and after giving birth.

The course has greatly improved the midwifery unit's confidence in providing high-dependency care.

Maternity Group Practice: continuity of carer

As part of Mercy Health's focus on integrated care, in November 2013 we introduced Maternity Group Practice (MGP). The result of an in-depth review of maternity models of care, MGP ensures women have continuity of carer from one dedicated midwife throughout their pregnancy, labour and after the birth of their baby.

The new model of care allows midwives to build a clinical and personal relationship that can help reassure mothers at a vulnerable time of life.

The model responded to feedback from women, families and midwives on how to develop care that supports the whole childbirth journey including mothers' emotional needs. The transition to MGP was completed in February 2014, allowing our MGP midwives to forge strong and supportive partnerships with the women in their care.

Being able to partner with women the whole way through their journey is incredibly rewarding.

Karen Russell,
MGP midwife



Partners from day one to cradle

Having a baby for the first time — and indeed the second, third or fourth time — can bring more than enough surprises. So seeing a familiar face at every appointment and on the big day is the key to a calm, confident and happy birth experience.

Karen Russell is that familiar face for hundreds of women in her work as midwife at Mercy Hospital for Women. As part of Mercy Health's new Maternity Group Practice, Karen is delighted to be able to offer continuity of care from a woman's first antenatal visit until up to two weeks after the birth of her baby.

"It's important to help women transition as smoothly as possible through each stage of pregnancy, labour and delivery, so being able to partner with them the whole way through is incredibly rewarding," said Karen. "Women going through a pregnancy can be extremely vulnerable so they need someone to help guide them through the process."

Andrea Williamson, Birthing Services Manager Mercy Hospital for Women welcomed the new model. "We're extremely excited to be introducing Maternity Group Practice," she said. "Creating that special bond between a woman and her carer makes for such a rewarding pregnancy and birthing experience."



Our Maternity Group Practice midwives: Back row L-R: Joanne Tuohy, Rose Brown, Ingrid Holmes, Karen Russell, Serena Pellezzeri, Andrea Vassallo, Rebecca Drysdale, Front row L-R: Sue Williams, Robyn Smith

Werribee Mercy Hospital celebrates 20 years of service to Wyndham

20 February 2014 marked 20 years since Werribee Mercy Hospital began caring for the Wyndham community.

A number of events were held throughout the day to allow as many patients and staff as possible to join in the celebrations. A photo booth, face painting, sausage sizzle and afternoon tea were some of the treats on offer.

The event gave Werribee Mercy Hospital's tireless supporters a few hours to reminisce and congratulate each other on reaching the milestone.

"Staff, volunteers and fundraisers are the backbone of this hospital," said Dr Linda Mellors, Mercy Health Executive Director Health Services. "Without their unwavering support and enthusiasm we simply wouldn't have the fantastic services we can offer today."

Since opening its doors in 1994 the hospital has welcomed thousands of babies. One of the first, Laura Vranic, joined the celebrations. "I think it's pretty crazy to be one of the first babies born here," said Laura. "My parents are proud of the fact, as Werribee locals. I definitely feel more of a connection to the area because of it."

Laura's mother Nev has fond memories of the care she received. "The staff were fantastic," she said. "They were just as excited as we were to be there for the first births at the new hospital."

Other revellers included members from Werribee Mercy Hospital's 61-strong team of volunteers, led by Volunteer Coordinator Jan Whyte.

"Some of the original volunteers from when the hospital was first set up are still working here, so it's an exciting day for them," said Jan. "That continuity means the same values and caring component the volunteers bring have continued to be part of the hospital and the area. Werribee is all about community."

With the local population almost tripling during the past 20 years, the hospital has responded by expanding its services almost every year.

The celebrations gave Mercy Health Chief Executive Officer Adjunct Professor Stephen Cornelissen an opportunity to pay warm tribute to the teamwork that delivered, and continues to nurture, the hospital. "What really makes Werribee Mercy Hospital special is community. We're a hospital born from community and we're a hospital that serves the community."



Laura Vranic was one of the first babies to be born at Werribee Mercy Hospital

“As we continue to grow, we need to ensure that community stays at the centre of all we do.”

"As we continue to grow, we need to ensure that community stays at the centre of all we do," Adj Prof Cornelissen said. "Mercy Health is grateful to the community for their invaluable support and for placing their trust in us to care for them."

"That support enables us to continue the legacy of the Sisters of Mercy and their mission to care for those in need."

Catherine McAuley Centre

Named in honour of our founding Sister of Mercy, Werribee Mercy Hospital's new subacute centre opened with an official blessing in February 2014. The building is the hospital's new main entry and reception point and offers much-needed new services to the Wyndham community.

The ground floor is home to the new Continuing Care Centre, which brings together the Community Rehabilitation Centre, Complex Care Program (formerly known as HARP), Residential In-Reach and two new subacute ambulatory specialist clinics, Falls and Balance and Continence.

The Continuing Care Centre provides subacute ambulatory services including two gym areas, occupational therapy treatment rooms and a mobility garden. There are also purpose-built treatment rooms for audiology, podiatry and neuropsychology.

The first floor features 30 Geriatric Evaluation and Management inpatient beds, living and dining areas, and therapy spaces.

Housing all of these health professionals, services and programs in one location helps people with a disabling medical condition to build independence and a better quality of life. This gives them a greater chance of staying or becoming active and productive.



Staff made the most of 20th birthday festivities

Dr Linda Mellors praised the broad scope of the centre's services which also include physiotherapy, social work, speech pathology, occupational therapy, dietetics and diabetes assessment and care.

"This is a fantastic opportunity for people to have a wide range of rehabilitation services close to their homes and a wonderful addition to the services we provide at the hospital," Dr Mellors said.



Volunteers from Werribee Mercy Hospital helped celebrate its 20th birthday in February 2014



From Coolock House in 1832 to Catherine McAuley Centre in 2014 – the first Sisters would be proud of our evolution

Learning Precinct

The Learning Precinct at Werribee Mercy Hospital was completed in December 2013. The purpose-built facility provides space for ongoing learning, development and research. It includes a large seminar room, tutorial room, clinical skills room, breakout space, administration and office space, staff tea room and bedrooms, and living space for short-term student accommodation. The facilities house the Learning Team and are used for Mercy Health in-services and workshops along with VET in Schools (VETiS).

Day surgery admissions on the rise

2013 witnessed a marked increase in day surgery activity, prompting extra services to be added over four days per week.

In addition a new waiting area was opened in December 2013 to provide a calm, private space for patients before their surgery. The Day of Surgery Admission (DOSA) area smooths the admissions process for both day and overnight patients before they go in for their procedure.

“The new area is a fantastic space,” said Melissa McDonald, Health Services Program Director Surgical & Specialist Services. “Patients having elective procedures now have a single point of entry where all aspects of their admission are coordinated. It has large windows, bright colours and comfortable furniture so it’s also a more pleasant environment.”

The Catherine McAuley Centre was formally blessed by Reverend Monsignor Anthony J Ireland, Episcopal Vicar for Health and Aged Care on 26 February 2013. Notable guests the Hon David Davis MP, Minister for Health and Ageing and Wurundjeri Elder Aunty Di Kerr joined hospital and community members in marking the occasion.

Monsignor Ireland reflected on the true meaning of mercy as expressed in the daily actions of hospital staff and volunteers.

“In the Bible, mercy means loving steadfastness, standing beside, loyalty, dependability; it also means generosity and hospitality,” he said.

“How appropriate that we gather to bless and open the Catherine McAuley Centre, which will be used for services that are restorative: all about standing beside the wounded and sick.”



The Hon David Davis MP, Mr Andrew Elsbury MP, Mercy Health executives and Chair attend the blessing of the new centre



The new day surgery waiting area offers privacy and comfort



Jan Whyte with volunteers Abdel Haroun and Mary Mullins

Volunteering to care

Werribee Mercy Hospital's Volunteer Coordinator Jan Whyte knows the value of a helping hand in tough times. “I was diagnosed with breast cancer and came here for my treatment,” said Jan. “The care and compassion shown towards me made me want to give back. After volunteering for 18 months, when this role came up I was happy to take it.”

The hospital's volunteer workforce is a valuable resource to staff, extending care with extra pastoral, clerical and administrative support among many other duties spread throughout 27 different areas. While there were 61 volunteers registered in 2013/14, demand for their help sometimes outstripped their capacity to supply it.

“There are challenges in managing their time,” admitted Jan. “We often get a call from a department saying “I need a volunteer today.” But there’s a three-month training process our volunteers have to complete first.

“Volunteers could be doing anything from working on the concierge desk to comforting people in the Emergency Department with cups of tea. There’s also a wonderful lady who knits ‘trauma teddies’ to give to children who are distressed in the ED. It could be putting tags in bracelets for newborns in Maternity; some ladies go ward-to-ward selling newspapers. It’s incredibly varied.”

Jan’s own management role is a joy.

“The volunteers all get along so well,” she said. “Everyone sees it as their time; they want to be here so they just come in and give.”

Aboriginal and Torres Strait Islander liaison

In April 2014 Werribee Mercy Hospital appointed its first Aboriginal and Torres Strait Islander liaison and project officers to support culturally appropriate care for patients and their families.

Aboriginal Hospital Liaison Officer Jasmine Kildea and Aboriginal Hospital Transitions Project Officer Marie Mullins strengthen the hospital's capacity to deliver accessible and culturally safe care to patients.

Ms Kildea, who is a proud Dja Dja Wurrung woman, provides support and advocacy for patients and families while building cultural awareness and competency in care delivery. She has recently worked as Project Manager at the Geelong Regional Local Learning Employment Network.

Ms Mullins is a Murri woman, who grew up in Queensland and has lived in Melbourne for the past six years. Marie is leading the Hospital to Communities Pathways Project. The project will develop systems to support streamlined care.

Mercy Health Executive Director Health Services Dr Linda Mellors says the two positions provide a valuable service for Aboriginal and Torres Strait Islander patients and their families.

"We are very pleased to provide this service," Dr Mellors says. "These skilled workers support care delivery to our Aboriginal and Torres Strait Islander patients and provide culturally appropriate advice to the staff caring for them."

Mercy Hospital for Women also provides culturally appropriate care with support from its Aboriginal Programs.

Programs include the Nangnak Wan Myeek and Nangnak Baban Murrup clinics, offering support to Aboriginal and Torres Strait Islander mothers and families before and after their baby's birth, and "I'm an Aboriginal Dad", supporting fathers to care for their partners during pregnancy and beyond, run in partnership with CPS.

Ms Kildea and Ms Mullins' appointment was marked with the raising of the Aboriginal flag and a smoking ceremony at Werribee Mercy Hospital as part of the 2014 NAIDOC week celebrations.

Residential-In-Reach Program

Werribee Mercy Hospital was pleased to receive recurrent funding in 2013 to run a Residential-In-Reach Program. The service aims to prevent avoidable visits to the Emergency Department by residents from aged care facilities. When appropriate, residents are instead assessed and treated in the home, avoiding the trauma of a hospital admission for the elderly.



Carers Week 2013: A Portrait of Caring

As part of Carers Week 13-19 October 2013, Werribee Mercy Hospital and Mind Australia presented 'A Portrait of Caring', an exhibition of portraits by people experiencing mental illness and their carers who support them.

The event was an opportunity for people to recognise and celebrate the 2.6 million carers in our communities. Carers provide unpaid care and support to family members and friends who

Mercy Health celebrates NAIDOC Week 2013

In July 2013 both Mercy Hospital for Women and Werribee Mercy Hospital staff gathered to celebrate NAIDOC Week.

The annual event gave both hospitals the opportunity to celebrate Aboriginal and Torres Strait Islander cultures and recognise the contributions of Indigenous Australians in various fields.

Celebrations at Mercy Hospital for Women, which were shared with Austin Hospital, began with a welcome to country and traditional smoking ceremony by Wurundjeri Elder, Aunty Di Kerr. Guests were then treated to a performance from women's dance group Gindand Jalbu, speeches and refreshments.

NAIDOC stands for the National Aborigines and Islanders Day Observance Committee. Its origins can be traced to the emergence of Aboriginal groups in the 1920s who sought to increase awareness in the wider community of the status and treatment of Indigenous Australians.



We are proud to work with the traditional owners of our land to build the healthy future that is the right of all Australians

Carers have always played an integral role in the Mercy Health community

have a disability, mental illness, chronic condition or terminal illness.

The portraits were created by participants in Mind Australia's holistic art therapy program, Amaroo Arts, which aims to help people build positive relationships and develop creative skills.

Lee Agius, Arts Coordinator at Mind Australia facilitates a weekly art session with Wyndham and Hobson's Bay clients at a local community centre. "We asked participants to invite their carers to model for them," Lee said. "The outcome has been fantastic. It has given everyone involved a different way of seeing each other."

One participant said of the experience, "Drawing my daughter's portrait helped me verbalise her strengths...a carer's qualities consist of empathy, endurance, love, passion, humour, understanding and being non-judgemental."

Facts about carers:

- there are 2.6 million unpaid carers in Australia
- more than 770,000 carers are primary carers
- on average carers spend approximately 40 hours per week providing care. It is estimated that carers of someone with a mental illness spend about 104 hours per week in the caring role
- over 1.5 million carers are of working age (18-64).

Breastmilk Bank: liquid gold for more Victorian babies

Mercy Health Breastmilk Bank has continued to grow in scope to help a rising number of women and babies needing special support across Victoria. More than 250,000 millilitres of 'liquid gold' were generously donated between January and June 2014.

Donor breastmilk is pasteurised ready for use in the Neonatal Intensive Care Unit and Special Care Nursery, where babies too premature or ill to breastfeed can receive its many benefits.

"We're delighted to receive the continuing support of women who want to donate," says Kerri McEgan, Mercy Health Breastmilk Bank's Unit Manager.

The bank also remains active in sociological research. A major study in 2013 focused on clinicians' perceptions of the safety and value of human donor milk (the LiquidGold study).

Another ongoing study looked at the attitudes and beliefs of bereaved mothers to donating milk after their newborn passes away. Dr Gillian Opie and Kerri McEgan collaborated on the study with Dr Katherine Carroll of University of Technology, Sydney.

Breastmilk Bank snapshot

January – June 2014

Number of active donors	28
Volume donated	250,770 ml
Number of recipients	47
Total volume PDM Consumed	101,360 mlV



*Dr Dan Casalaz,
Clinical Director Paediatrics,
Mercy Hospital for Women*

From tiny spark to steady flame

Baby John Metaxiotis has already lived through more than many adults ever will. Born at Mercy Hospital for Women at just 26 weeks and a tiny 395 grams, John's triumph over staggering odds is testament not only to his fighting spirit, but to outstanding teamwork.

From his first breath John has received the devoted care of his parents, the Neonatal Intensive Care Unit (NICU) and many others. "There were more than fifteen people involved in John's delivery from across the perinatal, neonatal, obstetric and NICU teams," explains Kelly Elliott, one of the unit's Associate Nurse Unit Managers. "John was one of the smallest babies we've ever had. The main challenge initially is just to survive, so the first few days are critical."

John's mother Paula felt every minute of that time, though the gruelling journey had begun months earlier. "Everything was going fine until we discovered John's gestational age was two weeks behind due to the placenta not functioning properly," Paula said.

Paula's obstetrician contacted Professor Sue Walker, Sheila Handbury Chair of Maternal Fetal Medicine and Director of Perinatal Medicine at Mercy Hospital for Women. "Sue was amazing. She confirmed there was a problem, then looked at research into why it might be happening, including links to sleep apnoea which I was found to have."

In the months that followed Mercy Hospital for Women gave Paula their undivided attention and support. "Sue was very honest with us. On the first visit she said, 'You need to realise you're going to have a really tiny baby. I'm hoping for about the 500 gram mark'."

At Paula's 26 week scan, the moment she, husband Con and the team had been waiting for arrived. "I'm really surprised at how calm I was at the birth, partly because the staff were so fantastic," said Paula. "There just aren't enough words to say. Everything they had to give me, they gave."

Paula and Con were going to need all the support they could get. "When I finally saw John, I knew what tiny meant," Paula said. "He weighed less than a tub of butter."

*The staff were so fantastic ...
Everything they had to
give me, they gave. ”*



Thanks to the skilled and compassionate care of hospital staff – nurses, midwives, neonatologists, lactation consultants, social workers and pastoral care counsellors among many others – after several months John finally went home at a healthy 3.4kgs.

"Now, with the treatment he's had at Mercy Hospital for Women, his heart is good, his brain is good," confirmed Paula. "At the end of the day he's our perfect little boy."

Outpatients Department

Our Outpatients Departments provide specialist clinics for antenatal, gynaecology, allied health, surgical and paediatric care. Our clinics are staffed by midwives, medical specialists and a range of allied health professionals to provide person-centred multidisciplinary care to our community.

As outpatient activity has increased markedly since 2012 across Mercy Health, the department surveyed patients throughout 2013 on their care experience.

As a direct outcome of their feedback the department introduced a new process to help patients feel more comfortable. Doctors now escort patients from the waiting area directly to their consulting room. Previously patients were called by speaker and were often unsure about where to go.

“The doctors use the extra minutes with their patient to build rapport and perform positive patient identification, meeting two National Standards requirements in the process,” noted Liz Murdoch, Program Director Allied, Ambulatory and Community Health Services.

Strengthening links to primary care

Recognising our community’s primary healthcare performs an essential role in caring for the whole person, Mercy Health has continued to strengthen our links with general practitioners (GPs) and allied health professionals.

Over the past year we have connected with Medicare Local practitioners at five key locations across the state. This includes an important new link between Werribee Mercy Hospital’s Emergency Department (ED) and the Western Health Residential In-Reach Program to ensure patients continue to receive care after they leave the ED.

Our primary care links have also benefited from Program Director Allied Health, Ambulatory & Community Services Liz Murdoch’s seat on the South West Medicare Local Primary Care Reference Committee.

Our network of shared care GPs has remained strong at Mercy Hospital for Women, and there is growing interest in this model of care at Werribee Mercy Hospital.

In addition Werribee Mercy Hospital has run a well-attended twilight education series for GPs.

Focus on allied health

Mercy Health has continued to focus on allied health services to meet increasing need for this vital component of care.

In September 2013 the Allied Health Leadership Group was formed to develop allied health as a key care provider within Mercy Health.

Throughout the year Health Services took part in the Victorian Department of Health’s Allied Health Assistant Implementation Project. The project identified tasks which allied health assistants can safely perform to support allied health professionals, supporting healthcare providers to build an appropriately skilled allied health workforce.



Allied health is a key part of Mercy Health’s care

Multicultural Services

Our Multicultural Services unit supports culturally and linguistically diverse patients across Mercy Hospital for Women and Werribee Mercy Hospital. The unit helps patients overcome barriers to accessing services and supports staff to provide culturally responsive healthcare. An important aspect of the unit’s work is developing good working relationships with local ethnic communities and their representative organisations.

During 2013/14 Mercy Health reviewed how we provide multicultural services across our public hospitals in Victoria. As an outcome of the review we now also offer multicultural services at Werribee Mercy Hospital. This exciting initiative meets a growing demand for language services and culturally responsive care in the diverse Wyndham region.

The unit’s leadership in caring for people of all backgrounds and faiths was recognised in Multicultural Services Manager Natalija Nesvadba’s invitation to speak at the Social Determinants of Health Conference in December 2013 on ‘Addressing the complexities of multicultural health’.



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

Thuy Dinh
Trans-cultural
Clinician/case manager,
Saltwater Clinic

I currently hold three main roles at Saltwater Clinic (Mercy Mental Health).

- 1. The first role is to provide direct mental health case management and clinical support for clients from culturally and linguistically diverse backgrounds (CALD).
- 2. The second is to help my colleagues understand Vietnamese and other cultures so they can be culturally sensitive and effective when supporting people in their journey to recovery.
- 3. My third role is to act as a mental health knowledge and cultural bridge between the mainstream community and the Asian communities.

One of my key roles in the past 18 years with Mercy Mental Health has been to provide community education. That includes workshops for CALD communities, mental health education for carers and families and information for the general community on the mental health system in Australia. This has helped improve their knowledge and understanding of health and mental health including their ability to access our mental health system. Often cultural, religious, and spiritual aspects are included in my work with people in addition to helping them develop an awareness of their mental health issues.

I believe that my colleagues now have a better understanding and more awareness of how to work effectively with people from CALD backgrounds. Over my



time here I’ve noticed a lot more awareness and access of mental health services by the Vietnamese community. They’re now more likely to know where to seek help and what their rights are.

This work continues to inspire me; I have witnessed many changes in our supportive clinical mental health sector which aims to improve the lives of our clients and their families and carers.

Mercy Health O'Connell Family Centre

Mercy Health O'Connell Family Centre (OFC) focuses on the needs of vulnerable families and young children.

We continue to improve access for families in need within the Department of Human Services Eastern region and throughout Victoria as a statewide service provider.

Cortisol research

Researchers at OFC have joined forces with colleagues in Australia and the US in a study that tests saliva from mothers and babies to gauge their cortisol levels, an indicator of stress.

By taking the samples, researchers can check if settling a baby to sleep using a "responsive" style is less stressful for both babies and mothers than using other methods.

Focus on fathers

Currently OFC has a strong focus on the role of fathers in the family unit and staff presented a paper at the Marcé Society conference held in Melbourne on 10-12

October. The Marcé Society is a forum for exchange of information and ideas between professionals about the welfare of women and their families around childbirth.

This year we introduced a mental health screening for all fathers admitted to OFC, the Depression Anxiety and Stress Scale (DASS). Data from 84 fathers has showed scores of 'moderate' or above for 8.3% of dads for depression, 14.3% for anxiety and 19.0% for stress.

This highlights the need to support fathers, as well as mothers, in their roles as parents.

Mercy Health O'Connell Family Centre finalist in Early Years Awards 2013

A project run with a local council to help vulnerable families develop positive parenting saw OFC chosen as a finalist in the Department of Education's Early Years Awards 2013.

The awards recognise outstanding programs and services that improve the health, learning, development and wellbeing of Victorian children from birth to eight years and their families.

'The Maroondah Early Parenting Program: A Partnership Model' is a three-step program combining home visits with a one day-stay in OFC. Offering parents practical help with settling, routines, feeding, care, attachment and maternal health, the program has proved effective in providing holistic support, particularly to families from refugee or disadvantaged backgrounds.

The study highlights the need to support fathers as well as mothers in their role as parents.



*We recognise a great start to
life is essential for future health*

Mercy Mental Health

Mercy Mental Health offers acute care, community care and rehabilitation for people experiencing mental illness.

Several exciting developments have unfolded within Mercy Mental Health this year, enabling us to increase services for people living with severe mental illness across Victoria.

Underlying much of our activity is the recent passing of the *Mental Health Act 2014*. The Act places patients at the centre of care, giving them a more active voice in their treatment.

As practitioners of patient-centred mental health care Mercy Mental Health warmly welcomes the improved support the Act will give patients and those who care for them.

Saltwater Clinic enters a new era

In January 2014 Mercy Mental Health Saltwater Clinic officially opened its purpose-built new facility with a multicultural ceremony and blessing. Representatives of Aboriginal and Torres Strait Islander, Hindu, Muslim and Catholic community groups came together at the Footscray site to celebrate the service's commitment to help all people living with a mental illness.

The multi-storey building offers a range of psychiatric services and includes separate staff and client zones with safe, light and spacious work areas.

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

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

Community Treatment Program (CTP)

The CTP program has experienced a busy 12 months supporting people with serious psychiatric illnesses throughout our Maribyrnong, Hobson's Bay and Wyndham catchments. In addition to our clinical workload in Footscray and Hoppers Crossing, our homeless outreach work has continued to care for the most vulnerable members of our community by providing treatment for chronic and acute mental illness.

This work is supported by our Consultation and Partnerships Team which has continued to build important links with GPs and primary health care providers to deliver quality mental health care in the community.

Caring for people in crisis

Our Crisis Assessment and Treatment Team (CATT) at Werribee Mercy Hospital supports people experiencing a psychiatric health crisis. Their workload has remained

high with a rising number of patients seeking emergency assessment and treatment and links to ongoing care.

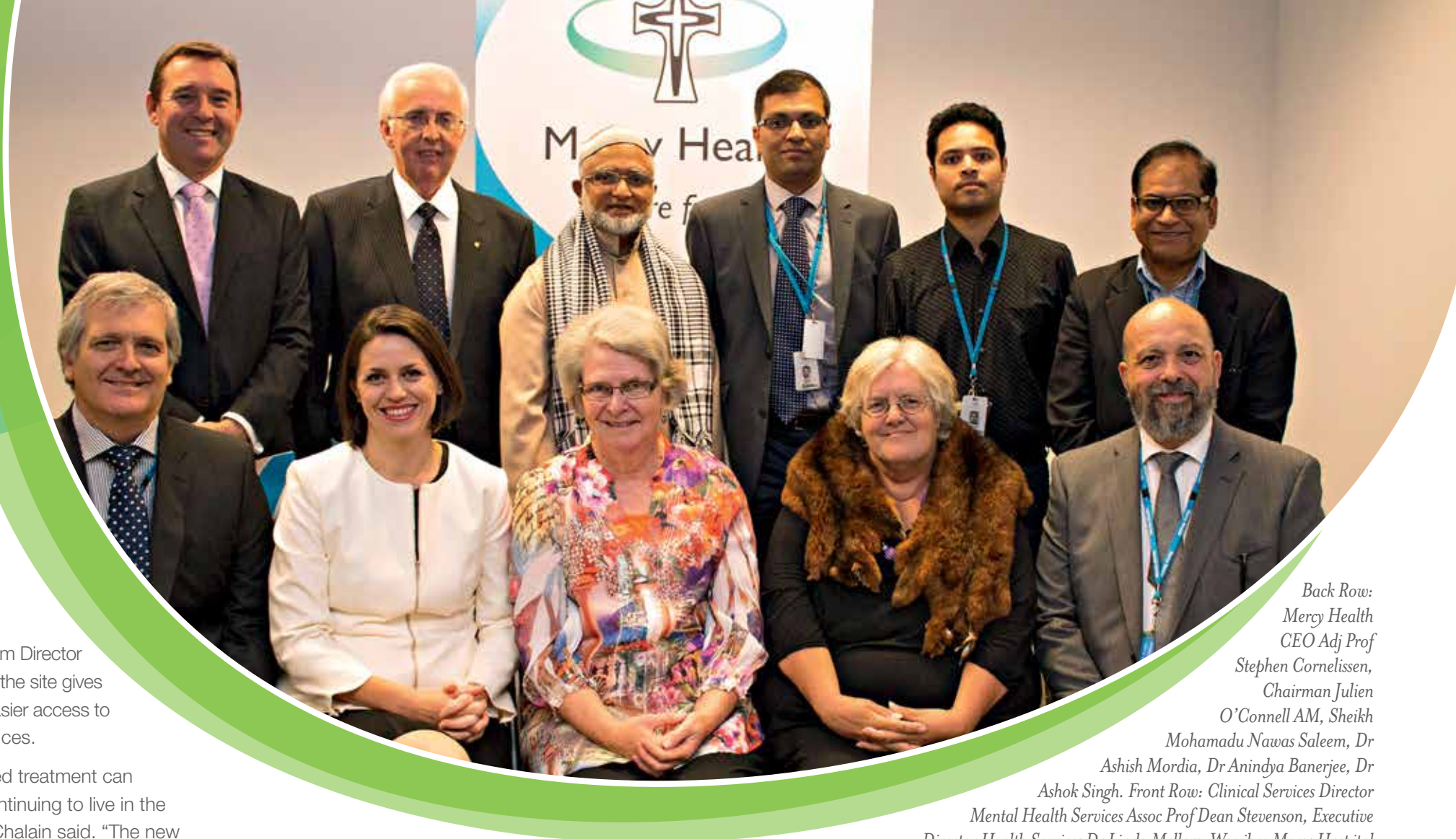
Guiding patients back to independence

Our Community Care Units have continued to play a vital role in helping people living with mental illness regain the life skills and confidence to return to the community. The units' team of psychiatric nurses, occupational therapists, social worker, doctor and psychiatrists remain focussed on supporting our patients' long-term recovery.

New inpatient facilities

Redevelopment has begun of our new acute mental health and psychiatric inpatient facility in the former Banksia Unit at Western Health's Footscray campus. The 16-bed Adult Mental Health Unit will provide valuable extra support to the fast-growing Wyndham region. Work is progressing well and is set to be completed in December 2014.

The first sod has been turned by Premier of Victoria Dr Denis Naphthine and Minister for Mental Health Mary



Back Row: Mercy Health CEO Adj Prof Stephen Cornelissen, Chairman Julien O'Connell AM, Sheikh Mohamadu Nawas Saleem, Dr Ashish Mordia, Dr Anindya Banerjee, Dr Ashok Singh. Front Row: Clinical Services Director Mental Health Services Assoc Prof Dean Stevenson, Executive Director Health Services Dr Linda Mellors, Werribee Mercy Hospital Pastoral Care Coordinator Sr Trudy Keur RSM, Wurundjeri Elder Aunty Di Kerr, Program Director Mental Health Services Mario Blandin de Chalaín



Cooking classes in the Community Care Units are both enjoyable and teach a key life skill

Wooldridge on an expanded inpatient unit at Werribee Mercy Hospital. Offering 54 beds, the new building will be designed in collaboration with mental health clinicians to ensure they align with our model of care. This collaborative approach will create a comfortable and supportive client and staff environment. The new unit should open its doors in November 2016.

Timely patient transfers mean better care

Mercy Mental Health is committed to continuous improvement of services. A key component of this year's strategy has been ensuring the transfer of mental health patients from the Emergency Department to an inpatient bed is timely and responsive.

In April 2013 we formed a Mental Health Patient Flow Working Party and implemented a new discharge planning tool. The tool includes task timelines and daily discharge targets to ease the transition to hospital for acute mental health patients.

An Emergency Department transfer procedure and acuity tool is also in development to manage admissions at peak times.

Gender-sensitive improvements

Ensuring female patients feel safe and comfortable has been a focus of our mental health, alcohol and drug service delivery this year. Improvements to our inpatient unit, including enhanced security measures and gender-specific sensory rooms and courtyards have created a more reassuring environment for women.

Mental health ward review

The mental health unit at Werribee Mercy Hospital is running a number of projects to enhance the quality of our face-to-face care delivery for clients and their families. The Productive Mental Health Ward project aims to reduce interventions and improve ward safety to support better patient-focused care. Early feedback has been positive and will enhance the work we do to enhance our patients' recovery.

Mental Health Week

We marked Mental Health Week and World Mental Health Day in October 2013 with events across Mercy Mental Health. Activities included Mercy Mental Health Nursing Graduate Group's public mental health information day at the Watton Street Piazza, Werribee.

The new Institute will offer seamless support for the whole family.

Mental Health Week aims to raise awareness of mental health and wellbeing, reduce stigma and support those with a mental illness and their carers.

Perinatal Mental Health

Werribee Mercy Hospital continues to provide clinical services to women and families across Western Victoria through its Mother Baby Unit and community services. At Mercy Hospital for Women programs include clinics run with perinatal medicine to provide antenatal care for women with schizophrenia and bipolar disorder.

Research into depression across pregnancy and the safety of antidepressants has also continued with Murdoch Children's Research Institute, University of Melbourne, Deakin University, University of Sydney and Leiden University in the Netherlands. This year Mercy Hospital for Women's Director of Perinatal Mental Health Associate Professor Megan Galbally was President of the Australasian Marcé Society, a forum which works to understand and combat perinatal mental illness.

Institute for Maternal and Early Family Mental Health

Work has progressed towards launching our groundbreaking Institute for Maternal and Early Family Mental Health.

The Institute will develop and deliver new models of coordinated care for mothers experiencing severe mental illness and their families, from before their child is born and throughout their child's early years.

In bringing together treatment, research, support and advocacy to care for the whole family, the Institute will offer a holistic approach which no other service currently provides.

By recognising everyone in a mother's life is affected by her illness and that these effects can be lasting, the Institute will unite existing services and create new programs and treatments to offer seamless support for as long as each family needs it.



The whole family needs support throughout a mother's mental illness

Mercy Palliative Care



Fran Gore (front), Mercy Palliative Care Manager with Kerry Merry, Mercy Palliative Care Nurse

Mercy Palliative Care is a community service providing multidisciplinary palliative care to patients in their own homes in western metropolitan Melbourne. Mercy Health also offers inpatient and community palliative care services including the Gabrielle Jennings Centre, an inpatient unit at Werribee Mercy Hospital.

Mercy Palliative Care has continued to expand with the Victorian community team caring for more than 500 patients. Our community and inpatient teams are working together on the National Standards Assessment Program Collaborative, a project designed to identify better ways to care for our carers.

The End-of-Life care pathways project, launched late in 2013, is now embedded in our model of care for residents of Mercy Health aged care facilities. The pathway aims to improve care to our terminally ill residents by documenting and working to honour their wishes in the final stage of their lives.

The community team has continued to work with the Gabrielle Jennings Centre to ensure a seamless transfer of our palliative patients between the centre and the main hospital as their care needs change.

We have also been active in supporting carers as key partners in palliative care. Our regular carer information sessions and participation in the Melton Carers' Expo, held in one of our largest referring municipalities, have been well received.

Mercy Palliative Care Manager Fran Gore was appointed Chair of the North and West Metropolitan Region Palliative Care Consortium in 2013. Fran's appointment has made it easy for us to collaborate with the Consortium on a project to standardise and improve after-hours services for patients across our three community services in the Palliative Care Consortium's catchment areas.

Welcome Mercy Care Centre Young and Mercy Health Albury

In 2013 we welcomed New South Wales facilities Mercy Health Albury and Mercy Care Centre Young to our Health Services group. This alliance will enable us to develop a single, best-practice model of palliative and subacute care services across every region we serve.

As part of the transition Mercy Palliative Care staff visited the Albury and Young palliative care units to share care plans and other resources.

Pam volunteers her time and compassion

During the past 25 years Pam Munro has bravely provided end-of-life care to both her mother and husband. Despite the painful memories, she has since been able to use her experience to support numerous palliative care patients and their families.

A volunteer with Mercy Palliative Care for more than five years, Pam has developed strong relationships with patients, carers and family members, acting as a sounding board for them to discuss their experiences.

"I think going through what I have gone through with my own family gives me some understanding of how they are feeling," Pam said. "They can tell me things because

I'm a stranger and they feel comfortable getting it off their chest with me."

After asking about becoming a volunteer with Mercy Palliative Care, she had extensive training to make sure she could handle the often emotional role.

Pam said it was not her job to provide advice but to ask questions and to simply be there as a person to talk to.

"Sometimes carers feel guilty saying 'how much longer do I have to cope with this?' to family members, but that's normal and they know they can talk to me about it," Pam said. "I don't find it a chore, I find it very rewarding. There are so many brave and so many inspiring people out there."

Thank you

Mercy Palliative Care is grateful to the National Partnership Agreement for funding the purchase of two low beds for restless patients and 10 pressure mattresses. These welcome additions to our equipment bank have allowed us to extend our care.

Martin's calling provides relief for terminally ill

Mercy Palliative Care nurse Martin Kaltner has spent the past two years caring for terminally ill patients in Melbourne's west.

"A life-limiting illness doesn't mean you're about to die and I think a lot of people don't realise that," Mr Kaltner said.

Martin's role is to ensure patients are as comfortable as possible by addressing often severe symptoms.

He said Mercy Palliative Care's Urgent Need Appeal – which is raising money for families who are struggling to make ends meet while caring for their sick loved ones – was a fantastic initiative. The 2014 Mercy Health Foundation Ball held in June (read more on page 42) also raised money for the appeal to help reach their goal of \$2 million.

"When I heard about this appeal I was really pleased," Mr Kaltner said. "It is extremely difficult for patients and their families once they are told about a terminal

illness. The patient may have a long or short time to live and they still need to be able to pay the bills.

"So creating a safety net for people is an amazing gift."

He admits that at times the work is confronting but there are processes in place to help nurses cope. "We have reflection once a month and we can talk situations through with a psychologist," Mr Kaltner said.

Despite the challenges, Martin believes he was made for his role. "Working for Mercy Health is a dream come true, I can't see myself anywhere else," he says.

Mercy Health recognised the efforts of its dedicated palliative care staff during National Palliative Care Week in May 2014.



Mercy Home & Community Care

Mercy Home & Community Care is committed to helping older people and people with a disability enjoy active and independent lifestyles at home and in the community.

In November Mercy Health welcomed Amanda Bowe to the newly created role, Executive Director Home & Community Care Services. The Executive Director role was created to help us meet Mercy Health's strategic objectives, grow the home and community care and provide dedicated and expert leadership to respond to the many changes in the sector.

Mercy Home & Community Care services include domestic assistance, personal care, respite care, community nursing, community-based occupational therapy services and case management. We provide services to people in their homes, in the community and in planned activity groups within our residential aged care services. Our services are provided in partnership with our clients living in Melbourne, the Geelong region, Colac, Canberra, Albury and in Young and the surrounding district.

Our updated model of care highlights that clients are partners in our services.

Our philosophy of Home & Community Care

We:

- value each person and their life story knowing this is what makes them who they are today
- respect that we are entering a person's home, to assist them to feel safe and comfortable
- partner with clients/consumers/individuals and families to nurture individual health, emotional, social and spiritual wellbeing
- encourage independence and support people to live their lives to their fullest potential.

By respecting each person we care for in these ways we aspire to provide them with the opportunity to have the best day possible, each and every day.



Community care supports people to live life to their fullest potential



Clients enjoy the chance to dine out with support from staff

Improving the way we care for our clients

We are responding to significant reforms across aged and community care by reviewing the way we plan and deliver our care and support services. Our service redesign program was launched in April 2014 and over the next six months will ensure our philosophy of home and community care is evident in every service we offer in the community.

'Care first' is our updated model of care. It highlights:

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

Care First: partnering with our community

In developing our new model of care, we turned to our community participation advisory members and members of the Victorian Council of the Ageing to understand what is important to people who receive services in their home. We asked our community members how our staff talk about services, how services feel for people and the way they prefer to be contacted about our services. We also asked what influences clients when choosing a service provider.

The results of this survey will help us:

- improve how we support people
- understand how clients choose their care provider
- promote our services in a meaningful and respectful way.

Uniting our services

Mercy Health's home and community care services began in 2007 as Windsor Mercy Home Care in Melbourne. Since then, the services and programs we deliver and the

communities we serve have both grown significantly. This is why it is important for us to use a business name that reflects the services we provide and is recognised and trusted by clients, their families and the community.

To help us choose the most appropriate business name, Mercy Health staff were invited to complete an online survey. We asked participants to choose a name they believe best reflects the service we offer. Of the 184 responses we received, a resounding 73% chose

'Home & Community Care'. We believe this name represents the services and programs we offer now and will carry us forward into the future.

In addition to our business name, we asked participants to give feedback on the position titles of our direct care and nursing workforce. Consistent with the business name, the titles Community Care Worker and Community Nurse were chosen to represent our workforce today and in future.

*People of all ages
need opportunities
to go out and
have fun*



Thank you to all staff who completed our survey. Mercy Home & Community Care is committed to providing a workplace that listens and responds to the ideas and experiences of our people.

Building on our strengths

In November 2013, we invited our clients to participate in an annual satisfaction survey cycle. The survey asked clients:

- how satisfied they were with information they received when they first contacted Mercy Health
- if staff are respectful when delivering services, and
- if the service they are receiving meets the goals agreed in their support plan.

The combined overall satisfaction rating for our services received was an outstanding 9 out of 10.

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

What our clients, carers and other services say about Mercy Home & Community Care ...

"A warm thank you for the support and care that you have provided for Mum. You were an angel on Monday 24 March, the time and effort you took with Mum that day is truly commendable. Forever grateful." *Client's daughter*

"Thanks...it's always so easy with you guys... I love it!" *Case Manager*

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

"The service you provide is to the great satisfaction of my client... the family has expressed much gratitude." *Case Manager*

"May I thank you and your carers for the many laughs and good fun that Dad had whilst your staff looked after him." *Client's daughter*



Celebrating community through song

The stories of Geelong's community, from its pioneering squatters to its early Irish immigrants, were celebrated in a unique event presented by Mercy Place Rice Village and Mercy Home & Community Care Barwon as part of the Victorian Seniors Festival in October 2013. "Come, Share Our Story in Song" was a community event led by renowned Celtic singer-songwriter, Maria Forde.

More than 350 people from across the Barwon region gathered in St Mary's Basilica to share in a musical journey through the stories of Irish immigrants who made their way to Australia to establish new lives.

The Mercy story was also shared: from the founding of the order in Ireland in 1831 to the first arrival of the Sisters in Geelong in 1860 to the residential aged and home care services Mercy Health provides for the community today.

Sister Helen Monkivitch RSM AO, Mercy Health's Executive Director Leadership & Mission, said of the experience, "It was wonderful to meet families and trace so many diverse histories. It's a privilege for us to serve this community and make so many new friends."

Fundraising and philanthropy



*Carer Josephine Ford
and Mercy Palliative Care
Bereavement Coordinator
Colleen Kannegiesser at the
Foundation ball*

*“Creating a safety net for people
is an amazing gift.”*

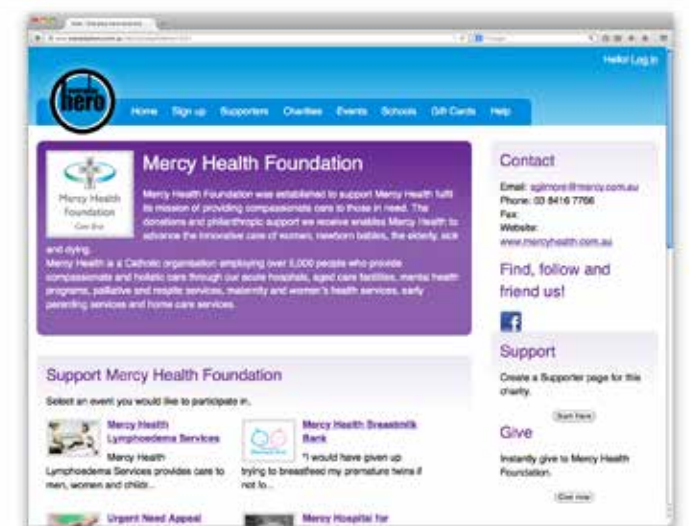
Community fundraising goes online

everydayhero.com

Launched in early 2014, our Everyday Hero online portal equips our community fundraisers to run and promote their own events. Since 2007, Everyday Hero has been linking charities to the communities they support, empowering people to raise funds — and spread the word — for causes close to their hearts. Simply by setting up a supporter page, anyone can start contributing to our fundraising efforts.

“It’s basically a way for people, most of whom have a personal connection to the area they’re raising money for, to give back to the organisation,” said Shannon Gilmore, Mercy Health Fundraising Manager. “They may not be able to make a donation but they’re keen to make a contribution.

“We set up an Everyday Hero page because it’s really easy for people to participate, while easing the workload on our staff to run events and manage funds. Everyday Hero gives people the choice to raise funds directly or run and promote events more widely to reach the biggest possible audience.”



Mercy Health Foundation secures philanthropic support and donations from the community to foster the constant improvement of care.

The Foundation’s key focus this year has been the Urgent Need Appeal. Launched in October 2013 with a lead bequest of \$660,000, the Appeal benefits Mercy Palliative Care’s financial support program for families struggling to keep loved ones at home for end-of-life care.

The appeal aims to create a \$2 million pool to ensure income will always be available to support families in need. The first grants to those in need were made in mid-2014.

Like to know more?

Read *Our People Our Places* Issue 9
at mercyhealth.com.au



The Honourable Alex Chernov AC QC, Governor of Victoria; Mr Geoff Handbury AO, Appeal Patron, Institute for Maternal and Early Family Mental Health; and Professor Sue Walker, Sheila Handbury Chair of Maternal Fetal Medicine and Director of Perinatal Medicine, celebrate Mercy Health’s contribution to the Victorian community

Opening hearts and hands for an urgent need

Hearts and wallets were opened in June to support the 2014 Mercy Health Foundation ball’s chosen cause, the Urgent Need Appeal.

460 guests vied for an impressive array of donated prizes in live and silent auctions led by long-time Mercy Health champion Matt Tilley. But the undoubted highlight of the evening was when the spotlight shone on the evening’s stars: the Mercy Palliative Care team and carer Josephine Ford.

Staff Colleen Kannegiesser and Martin Kaltner, volunteer Jim Creaner and Josephine each explained to guests how much their support means to those facing end-of-life.

“It’s extremely difficult for patients and their families facing terminal illness,” said Martin. “The patient may have a long or short time to live and they still need to be able to pay the bills. So creating a safety net for people is an amazing gift.”

Perhaps the perfect encapsulation of the evening was spoken by Josephine, whose husband was cared for at home with Martin’s support. “These people give so much to those with limited time left,” she said. “They ask for nothing in return except your support on a night like this.”

Given this year’s ball raised more than \$140,000 for the Urgent Need Appeal, that support was clearly a gift our guests were happy to give.

Governor celebrates Mercy Health and our Foundation

A reception hosted by the Honourable Alex Chernov AC QC, Governor of Victoria and Mrs Elizabeth Chernov was held in August 2013 to celebrate Mercy Health’s notable contribution to the Victorian community. The Governor and Mr Julien O’Connell AM, Chairman, Mercy Health highlighted the combined efforts of Mercy Health Foundation and Mercy Health, and the generosity of supporters in achieving five significant milestones since 2009, including:

- opening Victoria’s first breastmilk bank in 2009
- the inaugural Sheila Handbury Chair of Maternal Fetal Medicine founded in 2010 with the University of Melbourne to care for women and at-risk unborn babies
- the inaugural Chair of Aged Care, founded in 2011 with Australian Catholic University to improve care for the aged, people with dementia and their families
- Mercy Health Foundation’s endowment fund reaching \$10 million in 2012.

The Governor also noted the growing concern in the community about the rise in mental illness and congratulated Mercy Health for launching the Institute for Maternal and Early Family Mental Health project. “One of the organisation’s strengths is its ability to adapt and expand its services to meet the changing needs of our community,” Governor Chernov said.

Like to know more?

Visit everydayhero.com

Community fundraising: a snapshot

Event: Jimmy’s Golf Day

Funds raised: \$38,000

This annual charity day raises money to support families who have a baby in the Neonatal Intensive Care Unit (NICU) at Mercy Hospital for Women. The golf day was founded by Mr Phil McGough in 2012 as a way of thanking the hospital for the care his son Jimmy received when he was born at 23 weeks. Funds raised through this event help families with local accommodation and daily living expenses while their baby is receiving lifesaving care.

Event: Lexi’s Legacy

Funds raised: \$11,000

The Lexi’s Legacy Car, Bike and Truck event was held in February 2014 to raise funds for the NICU at Mercy Hospital for Women.

Held in honour of Crystal Summerhayes and Peter Andreson’s precious daughter Lexi, who sadly passed away just 13 days after her birth, this event attracted support from a wide range of suppliers and attendees as well as Mercy Health’s own staff and volunteer community.



Fundraisers (and Lexi’s parents) Crystal Summerhayes and Peter Andreson present Mercy Hospital for Women neonatologist Dr Philip Henschke with a cheque for just over \$11,000 which they have raised to fund equipment and training in the NICU

Event: St Bernadette’s Christmas Carols

Funds raised: \$6,600

St Bernadette Seniors and Social Club in Sunshine hosted a Carols by Candlelight event in December 2013 to support the Foundation’s Urgent Need Appeal.

The social club chose Mercy Palliative Care to receive the funds after members had experienced the compassion and care the service provides.

Seven ways community donations have improved care in 2013/14

Through the generous support of donors, we have been able to fund a range of new projects, programs and equipment including:

- 1. Equipment to regulate breathing for premature babies and babies with lung conditions.
- 2. Equipment used to help surgical and emergency staff visualise a person’s airway during intubation.
- 3. An aquarium for the dementia unit at Mercy Health Bethlehem Home for the Aged.
- 4. Extra equipment to meet increased demand at the Well Women’s Clinic.
- 5. A research nurse position for the Department of Gynaecological Oncology.
- 6. Memory books for bereaved parents in the Mercy Hospital for Women’s NICU.
- 7. A pool table for residents at Mercy Place Warrnambool.

Update from Sheila Handbury Chair of Maternal Fetal Medicine

Fully funded by the Mercy Health Foundation and generous benefactors, the Sheila Handbury Chair of Maternal Fetal Medicine has become a driving force in developing new tests and treatments for women and unborn babies facing life-threatening conditions.

Professor Sue Walker, inaugural Chair, was honoured at a cocktail function held at Mercy Hospital for Women in December. Reporting back to stakeholders including the Mercy Health Board and Mercy Health Foundation,

Professor Walker spoke of the hospital’s clinical and research milestones throughout her three years as Chair including last year’s breakthrough in identifying babies at risk of stillbirth.

“The event gave me the chance to talk about our strong clinical services and our stellar scientific research,” Professor Walker said.

She said the function allowed to her to update guests on areas such as improvements in identifying impaired fetal growth, sleep-disordered breathing and preeclampsia.

Professor Walker said the night also gave her department the chance to meet philanthropists, whose support has been so crucial to funding Mercy Health’s research.

Like to know more?

Listen to Professor Walker discuss her work at mercyhealth.com.au

Chair in Aged Care

Founded in 2011 with a generous gift of \$1 million from the Foundation Trust Company (as trustee for the Fred P. Archer Charitable Trust), the Chair drives innovation and leadership in Australian aged care. Funds continue to flow from this initial gift.

The Chair of Aged Care conducts research in aged care and foster links between clinicians, academics and industry.

Charity begins at home for Mercy Health staff

Mercy Health’s staff Payroll Giving Program was relaunched on Mercy Day in September 2013. The program, managed by Mercy Health Foundation, enables employees to regularly donate a set amount of money to a Mercy Health cause through the payroll system. An earlier version of the program saw generous gifts from staff support essential services such as the Mercy Health Breastmilk Bank, Mercy Hospital for Women’s Perinatal Clinic, Mercy Palliative Care and our residential aged care services.

The new-look program gives staff a choice in how their donations are used. “We wanted to empower people to support a specific cause that means something to them,” explained Shannon Gilmore, Mercy Health Fundraising Manager.

One staff member who was inspired to join the program

is Josh Mumford, Finance Manager, Support Services. “I like the idea of payroll giving because you are working close to the cause and you can see where the benefits are going,” said Josh.

Since its relaunch the number of staff taking part in Payroll Giving has almost doubled to generate an extra \$3,000 to support those in need.

This financial year donations have supported the Mercy Mental Health Inpatient Unit at Werribee Mercy Hospital by funding sensory items for its therapy program. The program introduces patients to simple low-cost ways to reduce agitation and anxiety, such as self-massage, which they can continue when they go home.



Josh Mumford, Finance Manager, Support Services and Shannon Gilmore, Fundraising Manager

Thank you to our board and supporters

The support of charitable trusts and foundations is vital to the work of Mercy Health. We were successful in securing grant funding from a number of trusts and foundations over the course of the year across all our services. Requests to help fund important hospital equipment, specialist training workshops for workers in aged care and parenting skills workshops were granted.

We thank and acknowledge the Directors of Mercy Health Foundation Board who gave their time and guidance to grow the Foundation’s philanthropic activities.

Research

Our research program plays a central role in Mercy Health's leadership of groundbreaking, evidence-based medical practice.

Our scientists and clinician-scientists have again this year successfully blended research, teaching and training into high-risk clinical care across our services.

The results of their work will have ongoing benefits, with many outcomes already embraced globally to improve patient care.

Stillbirth research uncovers a world first

Mercy Health researchers have developed a world-first blood test that may prevent stillbirth. The test measures fragments called RNA that leak out of the placenta when the baby is suffering from dangerously low levels of oxygen. The test could allow caregivers to deliver at-risk babies before stillbirth strikes.

In Australia, one in 135 pregnancies tragically end in stillbirth. Seven babies are lost every day.

Published in 2013, the study was undertaken by Dr Clare Whitehead, part of Mercy Hospital for Women's Translational Obstetrics Group (University of Melbourne). Clare was supervised by Professors Stephen Tong and Sue Walker.

The team showed the amount of RNA fragments circulating in the mother's blood seems to accurately

reflect oxygen levels within their baby. A large amount of RNA was present in cases where oxygen levels were dangerously low.

"Up until now there hasn't been a good test to predict or diagnose changes in the mother's blood or the level of oxygen in the baby," said Dr Whitehead. "So we started looking at tiny parts of the placenta that break off into the mother's blood. These tiny parts contain genes that provide information about what's happening in the placenta."

The team has now set out to confirm these exciting findings in a large international clinical trial led by Dr Owen Stock. The trial involves seven major hospitals throughout Australia and New Zealand.

A successful new test could save many of the estimated three million babies lost to stillbirth globally every year.

Sleep disordered breathing in pregnancy

A collaboration between our Maternal Fetal Medicine group led by Professor Sue Walker and the Institute for Breathing and Sleep, Austin Health, this study explores how sleep-disordered breathing may explain problems in pregnancy that are more common among obese women, such as hypertension, poor fetal growth and stillbirth.

In 2013 the group published a major study confirming an adverse effect of sleep apnoea on fetal growth.



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

A successful new test could save many of the babies lost to stillbirth globally every year.

Like to know more?

Read the 2013 Mercy Health Research and Development Report at mercyhealth.com.au

Major grants support research into women's and babies' health

Five Mercy Health researchers were awarded more than \$2.5 million from the National Health and Medical Research Council (NHMRC) grants program for 2014.

- Professor Stephen Tong for his work developing diagnostics and therapeutics for preeclampsia
- Dr Tu'uhevaha Kaitu'u-Lino, Postdoctoral Fellow for her work targeting the anti-angiogenic factors of preeclampsia
- Dr Natalie Hannan, Postdoctoral Fellow for her research into the role of cardiac enzyme corin in a pregnancy's success
- Associate Professor Martha Lappas, NHMRC Career Development Fellow for her focus on the role of sirtuin proteins in the mechanisms that regulate infection-induced preterm birth
- Professor Sue Walker, Sheila Handbury Chair of Maternal Fetal Medicine, Director Perinatal Medicine, for her work to improve the prediction and detection of contributors to stillbirth.

Our people



Denise Moody,
winner of the
Compassion
award 2014

Mercy Ethos Program

A deep understanding of Mercy Health's history, mission and context within the other Mercy ministries is an important part of keeping Catherine McAuley's legacy alive. To foster this understanding all staff are invited to take part in the Mercy Ethos Program. The program gives our staff a window into the Sisters of Mercy's foundation story and its significance in our work today, as well as an opportunity to meet people from other ministries.

Dublin Pilgrimage 2014

In April five Mercy Health delegates joined a 27-strong group from other Sisters of Mercy ministries on a pilgrimage to Catherine McAuley's home in Dublin. The Mercy Health team was Executive Director Finance & Support Services Tony Goad, Executive Director Nursing & Midwifery Alison Patrick, Program Director



Dublin Pilgrimage participants at Coolock House

Medical, Subacute & Palliative Care Services Gill Evans, Board Member Professor Michael Coote and Sr Helen Glasheen, Palliative Care Consultant, Mercy Palliative Care.

The annual pilgrimage offers Mercy Health leaders insights into the history and legacy of the order started almost two centuries ago.

Ethos retreats and sessions

A series of two-day off-site leadership retreats and one-day on-site sessions were held in May 2014 for staff throughout Victoria. Both programs offer staff at all levels of Mercy Health an opportunity to better understand their role in our mission.

Ethos, Values and Culture Committees

These committees continue to meet bi-monthly in each Mercy Health facility with representatives drawn from throughout the organisation.

The committees play an important role in fostering a values-driven culture and encourage employees to act and provide care in ways that align with our mission, vision and values.

Living Our Values Awards

The Living Our Values Awards continue to recognise and reward our people for consistently bringing our values to life. Employees are invited to nominate a

Understanding our history is an important part of keeping Catherine McAuley's legacy alive.

colleague who embodies a specific Mercy Health value. The awards celebrate the many ways our people carry on our Foundress' mission in their daily work.

OVERALL AWARD RECIPIENTS 2013-2014

Compassion

Ms Denise Moody, Patient Services Manager at Mercy Hospital for Women for the extraordinary support she offered a colleague facing a family tragedy.

Hospitality

Ms Lauren Redgewell, Ms Debra Sloggett and Ms Julie Kane, Postnatal Antenatal Ward, Mercy Hospital for Women for an afternoon tea and book of staff recipes they created to celebrate the Mercy value of hospitality.

Respect

Ms Mary McCarthy, Nurse Unit Manager Emergency Department, Mercy Hospital for Women for the culture of mutual respect she has built within her team.

Innovation

Ms Karyn Benson, Personal Care Assistant, Mercy Place Colac for her leadership in implementing a new chart access system on drug trolleys.

Stewardship

Mr Colin Macdonald, Laundry Operator, Environmental Services, Mercy Place Warrnambool for developing a laundry newsletter that informs and educates staff about correct laundry practices to minimise infection risks.

Teamwork

Mr Tim Morrison, Hotel Services Assistant, Mercy Care Centre Young for consistently going beyond the requirements of his role to support patients, clients and colleagues.

Professional Experience Internship Program

In partnership with Australian Catholic University Mercy Health participated in a new Professional Experience Internship Program in 2014.

The program offers students a unique opportunity to gain industry knowledge and skills through placements within areas such as Human Resources, Finance, Information Systems & Services and Marketing. With insights into the realities of the workplace students will be better positioned to embark on a professional career after they complete their studies.

The first placements are due to begin in July 2014.



Mary McCarthy, winner of the Respect award 2014

Sister Helen Monkivitch joins the Victorian Women's Honour Roll

Mercy Health Executive Director Leadership & Mission Sister Helen Monkivitch's fifty years of remarkable service to the community were recognised by her induction into the 2014 Victorian Honour Roll of Women on International Women's Day in March 2014.

The award highlights Sr Helen's towering achievements in helping reshape the landscape of women's health services across Victoria, New South Wales and the ACT.

Mercy Health Chief Executive Officer Adjunct Professor Stephen Cornelissen was delighted with Sr Helen's recognition. "The Honour Roll celebrates the contributions, leadership and excellence of inspirational women and their work in the Victorian community," he noted. "In her all-encompassing commitment to the health and care of our community, I cannot think of a more worthy recipient than Sr Helen.

"From her roles as a nurse, midwife, Chief Executive and Director, Sr Helen has been a trailblazer for Catholic health care services across Australia. She has been instrumental in shaping Mercy Health through her compassionate and thoughtful leadership, delivered with grace and spirit of which our Foundress Catherine McAuley herself would be proud. We are so fortunate to have such an inspiring woman giving her time and wisdom so generously to us today."

Typically, Sr Helen attributes her powerhouse career and latest award to the generosity and support of others: most notably the Sisters of Mercy.

"In many ways the freedom I've had to pursue my dreams has been because I'm a Sister of Mercy," said Sr Helen. "Through them I've been given so many opportunities, and I've seized them and run with them. I think the Sisters gave me a freedom that perhaps others don't have."

If there's one clear message Sr Helen would like women — especially those just starting out in life — to draw from her own example, it's to seize the day without fear. "I think that's the key, that women feel free to have a go," says Sr Helen.

"We've got to let them fly."



*A life of service and compassion for others:
Sr Helen Monkivitch*

“Women have to feel free to have a go. We've got to let them fly.”

Dr Linda Mellors wins Emerging Leader Award

Dr Linda Mellors, Executive Director Mercy Public Hospitals Inc received the 2013 Emerging Leader Award from Catholic Health Australia. Working in the Victorian public health system for more than 12 years, Linda's experience and leadership have helped Mercy Health build on its legacy of outstanding service to the people of Victoria.

Linda has proven to be a strong leader in helping to steer Mercy Health services to meet ever-increasing demand.

"Linda has shown herself to be a leader in a range of different ways, making her a very worthy recipient of this award," said Mr Martin Laverty, former Chief Executive Officer, Catholic Health Australia. "By meeting Government activity targets, Mercy Hospital for Women was able to strengthen its commitment to providing quality care to the community."

Pulse Surveys

Listening and responding to the needs of our people is the key to a satisfying and productive workplace. Our Pulse Surveys continue to support this by asking staff how they feel about areas such as communication, ethos and culture, and health and wellbeing. Results have been very positive and help guide and inform how we can continue to support our people caring for those in need.

Middle Managers Program

Facilitated by the Mercy Health Training Institute, this program allows middle managers to gain a formal qualification while networking with colleagues and taking part in a strategic workplace project. The 2012/13 program saw 11 participants from across the organisation graduate with a Certificate IV in Frontline Management. The 2013/14 program offers 12 participants a pathway to a Diploma of Management.

'Hear Me' patient-centred care play

In August and September 2013 employees from across Mercy Health attended live performances of 'Hear Me', a play exploring the life-and-death importance of patient-centred care. Written by noted Australian playwright Mr Alan Hopgood for healthcare professionals, patients and organisations, the play blended performing arts and real life patient healthcare scenarios to create a new organisational development tool.

Each performance was followed by an audience discussion to guide future patient-centred care education programs at Mercy Health.

Following the success of 'Hear Me', Mercy Health has now engaged Mr Hopgood and the Australian Institute for Patient & Family Centred Care to develop a play for aged care professionals. To be the first of its kind, the play will raise awareness of person-centred care and consumer participation in the aged care sector.

Women leading the way at Mercy Health

At Mercy Health women make up:

90 per cent of our total workforce

66 per cent of our medical workforce

45 per cent of the Mercy Health Board

55 per cent of our Executive Operations Committee

Diversity Contact Officer (DCO) Network

Mercy Health is committed to ensuring our work environment is free from discrimination, harassment, bullying and workplace violence. To help us achieve this goal our DCO Network gives employees a first point of contact to raise relevant issues, concerns or complaints.

We reviewed the Network in February 2014 to make sure all Mercy Health sites have access to a DCO. Victorian based DCOs also attended a four-hour workshop to update their skills.

National Disability Recruitment Coordinator (NDRC)

In early 2014 Mercy Health established a partnership with the National Disability Recruitment Coordinator (NDRC). This government program seeks to increase employment rates of people living with disability nationally by promoting the benefits of hiring candidates with a disability to large employers.

In March staff from Mercy Hospital for Women and Werribee Mercy Hospital attended information sessions run by the NDRC.

A scene from 'Hear Me'



Community engagement and participation

Community review: your voice in our communications

Over the past 12 months Mercy Health has continued to invite the community to help us make our written information friendly, easy to read, practical and helpful.

The community review system ensures the documents we produce on patient and resident healthcare are checked by members of our diverse community. Volunteer reviewers come from many different backgrounds, walks of life, education levels and ages. This helps us tailor our information so that as many people as possible can understand it.

Information reviewed and approved by our volunteer community information advisers receives the Community Reviewed Tick (pictured below).

The Community Reviewed Tick is part of Mercy Health's commitment to creating a true partnership between caregivers and those who receive our care.



Health Literacy Program

To support the community review process, in 2013 a number of Mercy Health clinicians joined a pilot program designed to increase their written communication skills.

The program teaches clinicians clear writing skills to help them avoid jargon and use a 'patient-friendly' style when writing notes to inform and support patients during and after care.

Making information accessible is so important for patients, carers and families.

Starting our community engagement journey...

32 Community Information Advisors were recruited in 2013/14

17 consumers worked with us on community advisory committees and groups across Victoria and New South Wales

14 publications achieved the Community Reviewed Tick

National Safety and Quality Health Service Standards survey

As part of Mercy Health's National Safety and Quality Health Service Standards accreditation, a community survey on patient safety and patient-centred care will be run in late 2014.

The survey outcomes will be used to develop new ways to involve consumers in designing and delivering their healthcare.



Joy Schornikow,
Mercy Health
Community
Information Advisor

Helping us speak your language

Joy Schornikow joined Mercy Health's community information advisor group in 2013 and believes the process is a valuable way for the community to have input into their care.

"I recently retired from work," explained Joy, "partly to look after my mother who is elderly and requires daily care. When I was looking at home care for her I noticed a lot of the information sent to families was pretty unclear or incomplete.

"That inspired me to apply for the volunteer community information adviser role advertised by Mercy Health. I think it's good that Mercy Health is asking the community about the information they

publish because so many of these sorts of documents are difficult to understand."

For volunteers like Joy, being part of the community consultation process is about helping her community. "It's a worthy organisation and a worthy cause," she said. "The review process is really well organised. They make the expectations clear and I'm not bombarded with work — we get maybe one a month. I've learned a lot as well; much of the information has helped me with my own mother.

"Making health information accessible to all is so important, not only for patients but for carers and families as well. I'm happy to help where I can."

Where are we located?

Health services

Victoria

Mercy Hospital for Women,
Heidelberg: 03 8458 4444
Mercy Health Lymphoedema Services,
Heidelberg: 03 8458 4949,
East Melbourne: 03 8458 4990
Mercy Health O'Connell Family Centre,
Canterbury: 03 8416 7600
Werribee Mercy Hospital, Werribee: 03 8754 3000
Mercy Mental Health, Saltwater Clinic,
Footscray: 03 9928 7444
Mercy Mental Health Triage Service: 1300 657 259
Mercy Palliative Care: 03 9364 9777
Mercy Grief Services: 03 9364 9838

New South Wales

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

Aged care

Victoria

Mercy Health Bethlehem Home for the Aged,
Bendigo: 03 5440 8200
Mercy Place Colac: 03 5233 5600
Mercy Place East Melbourne: 03 9413 1777
Mercy Place Montrose: 03 9724 6000
Mercy Place Parkville: 03 9385 9222
Mercy Place Rice Village, Geelong: 03 5241 3686
Mercy Place Shepparton: 03 5832 0900
Mercy Place Warrnambool: 03 5564 2800
Mercy Place Wyndham, Werribee: 03 8734 6500

New South Wales

Mercy Place Albury: 02 6024 9500
Mercy Place Mount St Joseph's,
Young: 02 6380 1300

Home and community care

Victoria

Mercy Home Care:
City of Melbourne: 03 9658 9733
Colac: 03 5233 5600
Geelong: 03 5240 7300
North West Metropolitan Melbourne: 03 9385 9444
South East Metropolitan Melbourne: 03 8530 6999

Australian Capital Territory

Mercy Home Care:
Canberra: 02 6228 9600

Training and education

Mercy Health Training Institute: 03 9261 2085

Support and administrative services

Mercy Health: 03 8416 7777

Careers

For careers information at Mercy Health go to:
careers.mercy.com.au

Visit us:

mercyhealth.com.au

Follow us on Facebook:

[Facebook.com/MercyHealthCareFirst](https://www.facebook.com/MercyHealthCareFirst)

Follow us on Twitter:

[@MercyHealth_JB](https://twitter.com/MercyHealth_JB)

View our videos and podcasts on Vimeo:

vimeo.com/mercyhealth

*168 years after Sr Ursula Frayne
established the Sisters of Mercy in Perth,
Mercy Health is returning to its roots.*

We are proud to announce that in 2014 we will continue the wonderful work of today's Sisters in offering residential aged care services to Perth and surrounding communities.

**Northbridge • Edgewater • Lesmurdie • Craigie
Mandurah • Lathlain • Claremont**



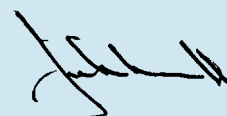
REPORT OF OPERATIONS 2013/14

Mercy Public Hospitals Inc

ATTESTATION

Statutory Authority and other relevant agency – Mercy Public Hospitals Inc

I, **Julien O'Connell**, certify that **Mercy Public Hospitals Inc** has procedures in place to ensure, as far as is practicable, that data collected for the management of public hospital services is accurate. Audit and other review processes are used to review data accuracy. Where issues are identified, action plans are put in place to improve compliance."



Mr Julien O'Connell AM
Chairman, Mercy Health
20 July 2014

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Mercy Public Hospitals Inc gratefully acknowledges the funding support provided by the Victorian Government for services, programs and research over the 2013/14 financial year.

INTRODUCTION

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

We are pleased to present the *Mercy Public Hospitals Inc Report of Operations 2013/14*.

In line with our 2013-17 strategic objectives our organisational focus has remained firmly on responding to the changing needs of our community with sustainable, accessible and high-quality care for all who need it.

Mercy Public Hospitals Inc is proud to honour the vision of our Foundress Catherine McAuley in offering services built on compassion, hospitality, respect, innovation, stewardship, teamwork and a commitment to 'care first'.

Dr Linda Mellors
Executive Director
Mercy Public Hospitals Inc

2013/14 FINANCE AND PERFORMANCE REPORT

Mercy Public Hospitals Inc has continued to experience increased demand for services throughout 2013/14.

Mercy Hospital for Women has expanded its delivery of tertiary obstetrics, gynaecological and neonatal intensive care services. Werribee Mercy Hospital and Mercy Mental Health services continue to develop their respective service capacities to serve the Wyndham catchment and other residents in the rapidly growing western region of Melbourne.

SUMMARY OF FINANCIAL RESULTS

	2014	2013	2012	2011	2010	2009
	\$000	\$000	\$000	\$000	\$000	\$000
Total revenue	273,383	257,757	234,811	217,444	200,450	186,703
Total expense	261,942	240,903	231,445	214,455	204,638	185,888
Net result for the year	11,441	16,854	3,366	2,989	-4,188	815
Retained surplus (accumulated deficit)	36,069	23,906	7,258	4,244	1,434	5,603
Total assets	95,424	83,844	58,283	50,445	45,529	53,985
Total liabilities	57,426	57,287	48,580	44,108	42,181	46,449
Net assets	37,998	26,557	9,703	6,337	3,348	7,536
Total equity	37,998	26,557	9,703	6,337	3,348	7,536

HOW WE GOVERN OURSELVES

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 Victoria, the Australian Capital Territory, New South Wales and Western Australia.

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 community. 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 David Davis MP, Minister for Health and Minister for Ageing
- The Honourable Mary Wooldridge MP, Minister for Mental Health.

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; and
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, gynaecology and neonatal services and has one of only four neonatal intensive care units in metropolitan Melbourne. The 56-58 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, women's health and associated health and support services 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 community 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, Midwifery in the Home and a Neonatal Transition Service. The Transition Care Program offers rehabilitation and supportive care for older people after a stay in hospital.

The Catherine McAuley Centre offers subacute care to the Wyndham and surrounding regions. It includes the Continuing Care Centre, combining the Community Rehabilitation Centre, Complex Care 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.

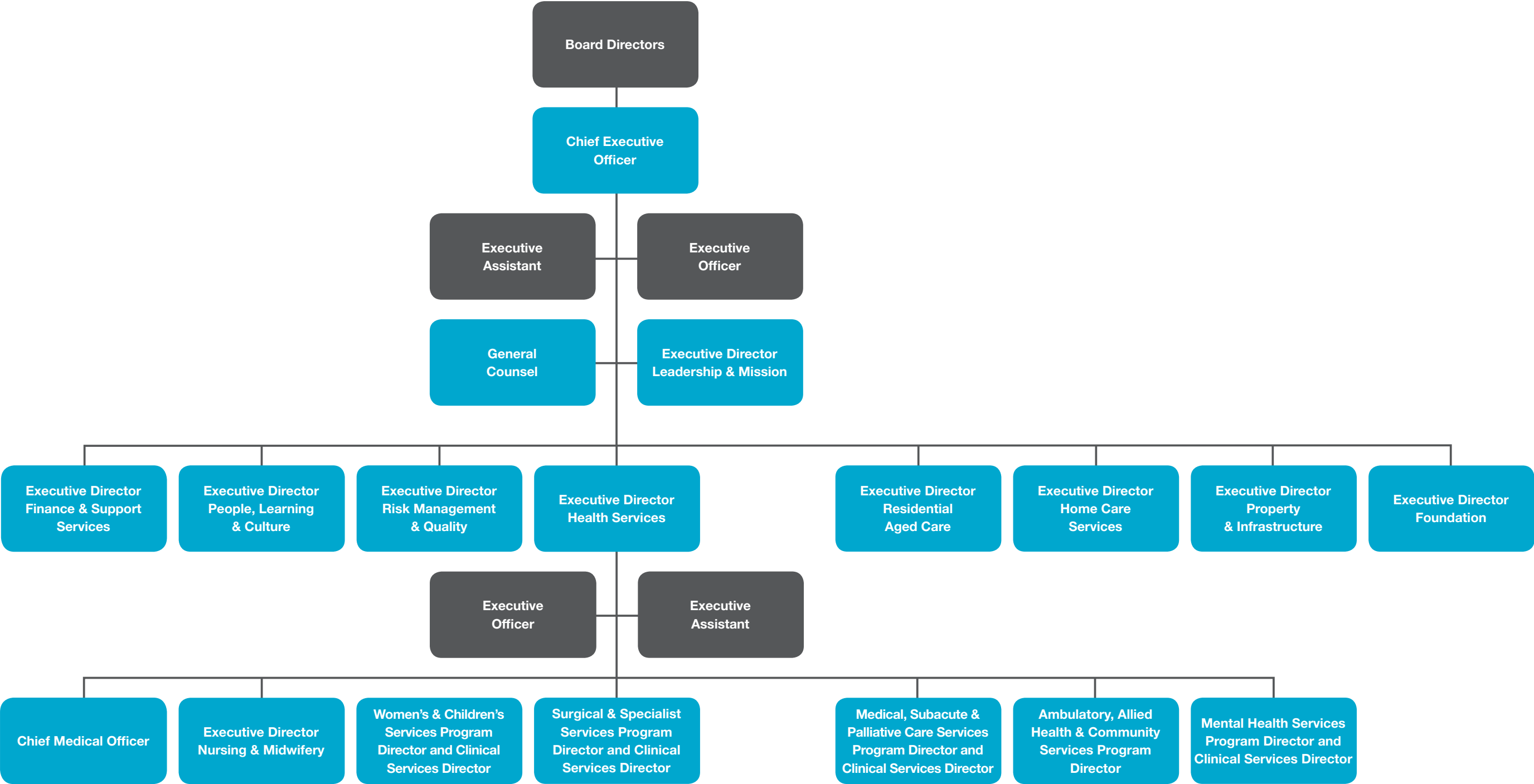
MERCY PALLIATIVE CARE

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



OUR GOVERNANCE STRUCTURE

Mercy Public Hospitals Inc Board

Mr Julien O’Connell AM (Chairman)

Ms Margaret Bounader

Ms Virginia Bourke

Ms Polly Caldwell

Associate Professor Michael Coote

Mr John Corcoran

Mr Gerard Dalbosco

Mr John Moore

Ms Agnes Sheehan

Sr Joan Wilson RSM

The Board is supported by five committees.

Finance and Audit Committee

Mr Gerard Dalbosco (Chair)

Mr Maurice Bisetto (ceased term of office 25 October 2013)

Mr John Corcoran

Mr Ray Jacobson

Mr John Moore

Ethics Committee

Sr Helen Monkivitch RSM AO (Chair)

Dr Frances Baker RSM

Adjunct Professor Stephen Cornelissen

Mr John Fogarty (ceased term of office 16 July 2013)

Dr Genevieve Green

Ms Kate Hewett

Ms Mary Klasen

Dr Linda Mellors

Reverend Associate Professor Cormac Nagle OFM

Dr Carol Ong RSM (commenced term of office 18 March 2014)

Associate Professor Dean Stevenson

Dr Adrian Thomas

Quality Committee

Associate Professor Michael Coote (Chair)

Ms Polly Caldwell

Professor Margaret O’Connor AM

Mr David Parsons

Human Research Ethics Committee

Professor John T. Ozoliņš (Chair)

Ms Wendy Brooks

Ms Christine Childs

Mr Paul Drinkwater (ceased term of office 31 December 2013)

Mr Kevin Fell

Ms Geraldine Gray

Professor Susan McDonald

Associate Professor Michael McKay

Dr Linda Mellors

Sr Helen Monkivitch RSM AO

Reverend Associate Professor Cormac Nagle OFM

Associate Professor David O’Neal

Professor Michael Permezel

Ms Susan Phillips

Professor Stephen Tong

Professor Susan Walker

Dr Andrew Watkins

Corporate Governance Remuneration and Nomination Committee

Mr Julien O’Connell AM (Chair)

Ms Virginia Bourke

Mr John Moore

EXECUTIVE GROUP

Adjunct Professor Stephen Cornelissen

Chief Executive Officer

Stephen assumed the role of Chief Executive Officer, Mercy Health on 1 July 2011. 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 health services, aged care, home and community care, and support services.

Prior to joining Mercy Health, Stephen was responsible for the provider arm of the South Canterbury District Health Board in New Zealand and held earlier roles in South Australia. These included senior roles at the Repatriation General Hospital, the Department of Human Services (former South Australian Health Commission) and the Flinders Medical Centre – Child and Adolescent Mental Health Service.

Stephen is a member of the Catholic Health Australia (CHA) Stewardship Board and a member of the Aged and Community Services Australia (ACSA) Board of Directors. He is also Public Officer for the Committee for Wyndham.

Sr Helen Monkivitch RSM AO

Executive Director, Leadership & Mission

Helen is responsible for Mercy Health’s leadership development and mission, bringing a wealth of experience in health and aged care, mission and ethics. She played a key role in the development of Mercy Health and is the keeper of our history and the history of the Sisters of Mercy.

Helen was the Chief Executive Officer and Sister Administrator of Mercy Hospital for Women from 1984 to 1995 and CEO from 1986 to 1988. She was a member of the congregational leadership team of the Sisters of Mercy, Melbourne from 1994 to 2000 and a member of several boards of governance. She has been a member of a number of professional associations and was the President of Catholic Health Australia and the Australian College of Health Service Executives (Victorian branch).

Dr Linda Mellors

Executive Director, Health Services

Linda was appointed Executive Director 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, and Executive Director Mercy Public Hospitals Inc. She is a Board Director of the South Western Melbourne Medicare Local, Chair of the Productive Series Steering Group for the Department of Health and Member of the Catholic Health Australia Health Policy 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.

Ms Kate McCormack

Executive Director, People, Learning & Culture

Kate has more than 20 years’ experience in human resources and holds a Masters of Business in Industrial Relations and Human Resource Management from RMIT University/Grenoble Ecole de Management France.

Kate provides strategic advice to the Chief Executive Officer and Executive Group and is responsible for developing and implementing the overall Group Human Resources Strategy. 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.

In addition to her role, 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

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 has nearly 20 years’ experience in the health industry having held 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.

Ms Clare Grieveson

Executive Director, Risk Management & Quality

Clare assumed the role of Executive Director Risk Management & Quality in February 2014. She is responsible for the overall leadership and direction of risk management and quality improvement for Mercy Health. Clare has a clinical background in speech pathology and almost two decades’ experience in the health industry, including senior management roles at Monash Health and service planning and performance roles at the Victorian Department of Health. She achieved her Honours in Speech Sciences from University College London and a Masters of Health Service Management from Monash University.

Mr Ray Kelleher

Executive Director, Property & Infrastructure

Ray has been with Mercy Health since June 2011 and in April 2013 moved into the role of Executive Director Property & Infrastructure. In this role Ray has accountability for new developments and acquisitions, leasing, and all facilities management and engineering functions across Mercy Health’s portfolio.

Ray has considerable experience across the property field covering the health and aged care sectors. Before joining Mercy Health Ray was part of the executive group at Vincent Care Victoria where he managed property and procurement functions for the organisation including a major aged care development. Ray has sat on a portfolio committee of the Facilities Management Association of Australia and has also served on a sub-committee of the Property Council of Australia.

Dr Simon Cooke

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. Simon oversees the litigation conducted on Mercy Health’s behalf. He continues to volunteer his services at the Fitzroy Legal Service.

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 building 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, federal and state 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 of those 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.

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 between 2014 and 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.

2013/14 STATEMENT OF PRIORITIES

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Develop a system that is responsive to people's needs.	Implement formal advance care planning structures and processes that provide patients with opportunities to develop, review and have enacted their expressed preferences for future treatment and care.	<ul style="list-style-type: none">• Advance care planning policy and procedure developed and implemented across Mercy Public Hospitals Inc.• Work with external agencies to improve communication of advance care plans from community to hospital settings.	<ul style="list-style-type: none">• Advance care planning policy and procedure developed. Implementation in progress.
	Configure and distribute services to address the health needs of the local population.	<ul style="list-style-type: none">• Increase the number of births at Werribee Mercy Hospital by 20% supported by increases in special care nursery and theatre.• Further develop gynaecology services at Werribee Mercy Hospital.• Further develop ambulatory services at Werribee Mercy Hospital.	<ul style="list-style-type: none">• Achieved.• Colposcopy service implemented and additional gynaecologist appointed.1. Specialist Clinics Access Project Officer appointed and gap analysis completed.2. Increase in antenatal services to support 20% growth.3. Separation of private and public clinics to ensure access to ambulatory services for public patients is measurable and transparent.4. Increase in clinics. An additional 20 clinics per week in the following specialities: gynae-oncology, paediatrics, medical and plastic surgery.

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Develop a system that is responsive to people's needs. (continued)		<ul style="list-style-type: none">• Work on processes and protocols for identifying and managing the acute deteriorating patient at Werribee Mercy Hospital.• Work with the Department of Health to develop an implementation plan for a critical care unit at Werribee Mercy Hospital.	<ol style="list-style-type: none">1. Deteriorating Patient Working Party established.2. Implementation of Maternity Observation & Response Chart (MORC) and Observation & Response Chart (ORC). <ul style="list-style-type: none">• Plan submitted to Department of Health.
	In partnership with other local providers, apply existing service capability frameworks to maximise the use of available resources across the catchment.	<ul style="list-style-type: none">• Create a regional service plan (Werribee Mercy Hospital) with Western Health and Djerriwarrh Health.	<ul style="list-style-type: none">• 6-month project commenced.
Improve every Victorian's health status and experiences.	Improve 30-day unplanned readmission rates.	<ul style="list-style-type: none">• Implement improved discharge planning processes and communication.	<ol style="list-style-type: none">1. National Standards – Clinical Handover Working Party established.2. Engaging with Medicare Local GPs to improve discharge summary processes.3. Discharge summary audit and review in progress.4. Mental health discharge planning tool implemented to improve discharge coordination and communication.

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Improve every Victorian's health status and experiences. (continued)	Improve health literacy and support informed choice by responding to the health information needs of service users.	<ul style="list-style-type: none">• Increase the use of interpreters at Werribee Mercy Hospital.	<ul style="list-style-type: none">• Increased budget for interpreters. Centralised budget and booking processes implemented in March 2014.• Improved identification of patients who need interpreters (increased from 2.9% of patients in 2012/13 to 4% in 2013/14).• Provision of interpreters is starting to increase: for outpatients from 46.2% in 2012/13 to 48.5% 2013/14; for inpatients from 15.8% in 2012/13 to 23.1% in 2013/14.
		<ul style="list-style-type: none">• Implement the 'Community Reviewed' tick (consumer reviewed) process for all health information developed and issued by the health service.	<ol style="list-style-type: none">1. Consumer Engagement working party is improving consumer review process and access to consumer reviewers.2. Consumer review of key patient information is underway.
	Consider new models of care and more coordinated services to respond to the specific needs of people with priority clinical conditions.	<ul style="list-style-type: none">• Implement the Maternity Group Practice model of care at Mercy Hospital for Women.• Implement the residential aged care in-reach program at Werribee Mercy Hospital.• Design and implement an integrated model of care for the new geriatric evaluation and management beds, and rehabilitation beds at Werribee Mercy Hospital.• Complete gap analysis of maternal and early family mental health services with support from Mercy Health Foundation.	<ul style="list-style-type: none">• Completed.• Completed.• Completed. <ol style="list-style-type: none">1. Maternal and Early Family Mental Health project commenced.2. Gap analysis completed May 2014.

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Improve every Victorian's health status and experiences. (continued)		<ul style="list-style-type: none">• Review and refine strategies to improve the timeliness of transfer of mental health patients from the emergency department (ED) to an inpatient bed.• Complete feasibility study for providing pasteurised donor breastmilk to other tertiary Neonatal Intensive Care Units (NICUs) in Victoria.	<ol style="list-style-type: none">1. Mental Health Patient Flow Working Party established.2. Developing ED transfer procedure and acuity tool to manage admissions at peak times. <ul style="list-style-type: none">• Submission to Department of Health and the VMIA requesting approval to expand breastmilk service to other NICUs.
	Ensure service coordination, discharge planning and referral processes support effective care transition.	<ul style="list-style-type: none">• Participate in the transitions project with Health West and Western Health to support coordinated healthcare delivery to Aboriginal patients.	<ul style="list-style-type: none">• Aboriginal transitions project commenced.
	Use consumer feedback to improve person and family centred care, and patient experience.	<ul style="list-style-type: none">• Expand role of the Community Advisory Committee and panel community advisors to include feedback on service change and delivery.	<ol style="list-style-type: none">1. Consumer Engagement working party established.2. Consumer Engagement Coordinator appointed.3. Consumer Advisory Committee has evaluated progress towards the consumer engagement plan 2013–2017.4. Establishing Consumer Advisory Group for MHW and developing process to recruit consumers onto Mercy Health committees.5. Consumer feedback process is being reviewed and improved as part of the audit framework.6. Werribee Consumer Advisory Group is engaged and involved in monitoring consumer experience and feedback on programs. Participated in consumer walk through of Stage 1A to ensure user accessibility.

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Expand service, workforce and system capacity.	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">• Appoint a General Manager Learning and implement education and learning plan across Mercy Public Hospitals Inc.• Develop renewed structure for allied health that supports clinical education.• Provide resources to support allied health professional education for both staff and students.• Implement Mercy Perinatal initiative to improve clinical service, training and education.	<ul style="list-style-type: none">• Completed.• Appointed Director of Allied Health.1. Centralised professional development resources for allied health professionals.2. Standardised approach to professional development – improved uptake and access.• Mercy Perinatal Project in progress.
	Optimise workforce productivity through identification and implementation of workforce models that enhance individual and team capacity and support flexibility.	<ul style="list-style-type: none">• Appoint Anaesthetic Head of Unit at Werribee Mercy Hospital, who will review staffing model.• Continue with medical workforce reform and the transition from fee for service to staff specialist model at Werribee Mercy Hospital.• Complete and implement findings from the Victorian Allied Health Assistant Project.• Develop multidisciplinary workforce model to enhance outcomes for subacute and geriatric evaluation and management (GEM) patients at Werribee Mercy Hospital.	<ul style="list-style-type: none">• Completed.• Ongoing: clinical workforce recruitment in progress.• Project completed. Implementation continuing and included as part of ongoing Strategic Allied Health planning.• Completed.

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Expand service, workforce and system capacity. (continued)	Work collaboratively with the Department of Health on service and capital planning to develop service and system capacity.	<ul style="list-style-type: none">• Work with Department of Health and Western Health to plan and commence construction for the acute mental health and psychiatric assessment and planning beds in the former Banksia Unit at Western Health's Footscray campus.• Work with the Department of Health on the capital improvements required for a critical care unit at Werribee Mercy Hospital.• Work with Department of Health to complete Stage 1A (GEM and rehabilitation) at Werribee Mercy Hospital.• Work with Department of Health to plan and commence construction of Stage 1D (inpatient mental health expansion) at Werribee Mercy Hospital.• Work with Department of Health to finalise the relocation the Saltwater Clinic (mental health outpatient clinics).• Complete construction of the HWA-funded clinical training facility at Werribee Mercy Hospital.• Complete facility planning for Mercy Health O'Connell Family Centre.• Work with Department of Health to advocate for the financial commitment to progress Werribee Mercy Hospital's master plan.	<ul style="list-style-type: none">• Construction scheduled for completion in November 2014.• Plan submitted to Department of Health. Discussions ongoing.• Completed.• Early works have commenced. Building construction to commence November/December 2014.• Completed.• Completed.• Workforce restructure completed. Early project planning in progress.• Regular discussion with Department of Health.

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Expand service, workforce and system capacity. (continued)	Implement the Credentialling and Scope of Practice policy and 'Partnering for Performance' framework for senior clinicians.	<ul style="list-style-type: none">Implement current credentialling and scope of practice policy at Werribee Mercy Hospital.Make improvements to the Partnering for Performance process across Mercy Public Hospitals Inc.	<ul style="list-style-type: none">CME credentialling policy updated to be Health Services-wide policy. Review of credentialling and scope of practice.Review of PDR process completed.
Increase the system's financial sustainability and productivity.	Reduce variation in health service administrative costs.	<ul style="list-style-type: none">Undertake agreed projects where appropriate and share learnings across system.	<ul style="list-style-type: none">Additional funding advance at end of each financial year no longer required.
	Identify opportunities for efficiency and better value service delivery.	<ul style="list-style-type: none">Complete NHS Productive Series projects.	<ul style="list-style-type: none">Productive Mental Health Ward, Productive Leader and Productive Theatre modules implemented.
Implement continuous improvements and innovation.	Develop and implement improvement strategies that optimise access, patient flow, system coordination and the quality and safety of hospital services.	<ul style="list-style-type: none">Develop and implement standardised access, patient flow and escalation policy and procedures across Mercy Public Hospitals Inc.Establish a day surgery admission unit at Werribee Mercy Hospital.	<ul style="list-style-type: none">Access and Escalation Policy implemented.Completed.
	Support change and innovation in practice where it is proven to deliver more effective and efficient health care.	<ul style="list-style-type: none">Review inpatient mental health model of care along with new building design at Werribee Mercy Hospital.	<ol style="list-style-type: none">Construction commenced on former Banksia Unit at Western Hospital for new Footscray Unit/PAPU with completion planned for December 2014.Nearing end of design development and have commenced early works in Stage 1D at Werribee Mercy Hospital.

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Increase accountability and transparency.	Prepare for commencement of proposed new mental health legislation in 2014 (applicable to health services administering mental health services).	<ul style="list-style-type: none">Work with the Department of health's MH, D & R MHA Implementation Project Team to review and update mental health policies, procedures and clinical practice guidelines to deliver at least minimum level of operational readiness to meet statutory requirements.	<ul style="list-style-type: none">Achieved. Working parties for mental health standard implementation established.
	Prepare for the National Safety and Quality Health Service Standards, as applicable.	<ul style="list-style-type: none">Complete gap analysis and implement changes in preparation for accreditation in November 2014.	<ul style="list-style-type: none">Working parties established to support implementation of the National Safety and Quality Health Service Standards.
	Ensure that gender sensitivity and women's safety are key in the delivery of mental health and alcohol and drug services.	<ul style="list-style-type: none">Make improvements to Psychiatric Unit (nurse call, individual swipe access, sensory room and gender courtyards) to improve gender safety.	<ol style="list-style-type: none">Nurse call system complete.HCU women-only toilet complete.Gender courtyard fencing complete. Garden works to follow.Individual swipe access wiring complete.

PRIORITY	ACTION	DELIVERABLE	OUTCOME
Improve use of e-health and communications technology.	Trial, implement and evaluate strategies that use e-health as an enabler of better patient care.	<ul style="list-style-type: none">Develop requirements and request for proposal documentation for implementation of an electronic medical records system.Implement required ICT infrastructure in support of Werribee Mercy Hospital expansion.Implement variety of information portals on MercyNet to support hospital staff (e.g. QA, Training, FOI).Implement clinical handover tool across Mercy Public Hospitals Inc.Implement theatre and emergency department performance reporting through data warehouse.	<ol style="list-style-type: none">eMR briefing paper received in-principle support from Board.Scoping of eMR project required. <ul style="list-style-type: none">Completed ICT Stage 1A expansion.Portals added to support accreditation and National Standards.Clinical handover tool piloted by clinical staff at Werribee Mercy Hospital.Completed.

HIGHLIGHTS FOR 2013/14

CONSOLIDATION OF PROGRAM STRUCTURE FOR MERCY PUBLIC HOSPITALS INC

Last year's realignment of Mercy Public Hospitals Inc services to a program-based structure has continued to evolve over the past twelve months, delivering enhanced efficiencies across planning, management and delivery of our services. The program entailed redeploying our senior management to fulfil the new roles required by the program-based structure.

NATIONAL SAFETY AND QUALITY HEALTH SERVICE STANDARDS

Across Mercy Public Hospitals Inc, working groups have been formed to prepare for each of the 10 National Standards in addition to the mental health standards. The working groups have conducted gap analyses and are collecting evidence and ensuring our practices comply with current standards. Work is also underway to prepare for the standards survey later this year. Victorian health services including Mercy Mental Health will be surveyed in November and our New South Wales health services in August. An early outcome of the standards is the development of systems to involve consumers in designing and delivering health care. Another feature is the focus on continual improvement, performance measurement and responsive solutions to identified gaps.

COMMUNITY ENGAGEMENT

The Werribee Mercy Hospital Community Advisory Group was reviewed in 2013, to ensure local people from throughout the community had an opportunity to be involved. Five members were selected. The Community Advisory Group has been meeting regularly since and provides advice and support on issues of relevance to our consumers, including feedback on the hospital's service and capital development. The success of this group has encouraged Mercy Public Hospitals Inc to explore extending it to other campuses. A more recent initiative was the introduction of the Community Information Advisor role. This role will support Mercy Health to review the way we communicate with our patients and their families and give feedback on how health information can be made easier to understand. Mercy Health currently has more than 30 advisors from a range of backgrounds and interests. A 'Community Reviewed' tick was also created in partnership with consumers to show that people from the community have reviewed a publication before it is printed or shared.

The newly created role of Senior Manager Consumer Participation & Experience works with staff and consumers to develop a partnership that will improve the experience of all patients, families and staff.

ORGANISATIONAL DEVELOPMENT

A number of initiatives were implemented throughout the past year to support the growth and development of our people and to foster an ethos-driven culture, allowing Mercy Public Hospitals Inc to continue in its mission to serve those in need. [Middle Managers Program](#) Facilitated by the Mercy Health Training Institute in conjunction with Mercy Health's Organisational Development function, this program gives managers the unique opportunity to obtain a formal qualification while networking with colleagues and participating in strategic workplace projects. The 2012/13 program saw participants graduate with a Certificate IV in Frontline Management and the 2013/14 program will see participants completing a Diploma of Management.

[Living Our Values Awards](#)

The Living Our Values Awards were implemented in 2013 and have been instrumental in allowing employees to acknowledge each other for bringing Mercy Health's values to life. Recipients were formally recognised at the annual Mercy Health Leadership Day for their contribution to fostering our values driven culture.

[Patient-centred Care Play](#)

Developed with the Australian Institute of Patient & Family Centred Care, the 'Hear Me' play delved into complexities faced by healthcare professionals delivering patient-centred care. Issues explored included communication and incident disclosure. The play was presented to staff in two live performances at Mercy Hospital for Women and Werribee Mercy Hospital.

PATIENT SAFETY CLIMATE SURVEY

The Patient Safety Climate Survey was conducted in November 2013 in conjunction with Australian Catholic University. Designed to provide an insight into the attitudes and confidence levels of the clinical workforce when interacting with patients, feedback obtained has supported the continued improvement of patient safety and incident reporting across Mercy Health Services. A subsequent survey will be conducted, to evaluate the changes and improvements in patient safety.

LEARNING PRECINCT, MERCY HEALTH WERRIBEE

Construction has been completed on the Learning Precinct at Mercy Health Werribee. This project was made possible by funding from Health Workforce Australia and was developed in partnership with Victoria University and Australian Catholic University (ACU).

The Learning Precinct accommodates the Learning Team and the facilities will be used by ACU / Mercy Health Clinical School.

The Learning Precinct is purpose-built to provide space for ongoing learning and development and research. The building includes a large seminar room, tutorial room, clinical skills room, breakout space, administration and office space, staff tea room, and bedrooms and living space for short-term student accommodation.

CATHERINE MCAULEY CENTRE, WERRIBEE MERCY HOSPITAL

In March 2014 Werribee Mercy Hospital opened the Catherine McAuley Centre, named in honour of the founding Sister of Mercy. The Centre extends our provision of subacute services in the rapidly expanding Wyndham region.

The Centre offers a Health Independence Program, including community rehabilitation, outpatient and home-based chronic disease management programs, delivered from a state-of-the-art gym. It also provides specialist consulting facilities for rehabilitation patients and a mobility garden.

Services offered include geriatric and rehabilitation medicine, physiotherapy, occupational therapy, social work, speech pathology, dietetics and diabetes assessment and care.

MERCY HOSPITAL FOR WOMEN PERINATAL PROJECT

In recognition of the hospital's leadership in perinatal medicine, work has begun by Mercy Health Foundation to secure a significant endowment that will fund ongoing research, teaching and clinical advances.

INSTITUTE OF MATERNAL AND EARLY FAMILY MENTAL HEALTH

Planning has begun to secure an endowment for our new Institute through Mercy Health Foundation. The Institute will deliver a new coordinated model of care for mothers with severe mental illness and their families, from before their child is born and throughout their early years.

MENTAL HEALTH FACILITY EXPANSION, WERRIBEE MERCY HOSPITAL

Construction has begun on the \$34.7 million redevelopment of the mental health facility at Werribee Mercy Hospital.

Rev Monsignor Anthony Ireland STD EV PP, State Mental Health Minister Mary Wooldridge and Premier of Victoria Denis Napthine turned the first sod at the site in July 2014.

The finished development will include a two-storey 54-bed acute building, located in the same area as the existing facility at Werribee Mercy Hospital. The facility will enable the hospital to meet the growing demand for mental health services in Melbourne's southwest.

The two-stage project is expected to be finished in 2016.

Mental health inpatient expansion

Work has also begun on the site of our new acute mental health and psychiatric inpatient facility in the former Banksia Unit at Western Health's Footscray campus. The 16-bed Adult Mental Health Unit will provide valuable extra support to the fast-growing Wyndham region. It is scheduled to be completed in December 2014.

Saltwater Clinic relocation

Mercy Mental Health's Saltwater Clinic opened new purpose-built premises in Footscray. The new site offers separate client and staff areas in a safe, light and spacious setting.

MEDICAL STAFF CREDENTIALLING

The credentialling 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 Credentialling and Appointments Committee, which includes senior medical leaders and a human resources manager.

As of 2014 all senior medical staff across Health Services are now being 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. A contract is then drawn up and sent to each staff member. Credentialling is repeated at least every five years.

AWARDS

Dr Linda Mellors: 2013 Catholic Health Australia Emerging Leader

Sr Helen Monkivitch: 2013 Victorian Honour Roll of Women

FINALISTS

Werribee Mercy Hospital Maternity and Neonatal Services: Not for Profit, Wyndham Business Awards

Maternal Fetal Medicine Clinic: Health Leader Award, Victorian Public Healthcare Awards

Sandra Cinar – Dave Ulrich HR Practitioner of the Year, AHRI Awards

Kate McCormack – HR Executive of the Year, CEO Magazine's Executive of the Year Awards

PERFORMANCE PRIORITIES

ATTESTATION

I, Julien O'Connell, certify that Mercy Public Hospitals Inc (MPHI) 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
5 August 2014

FINANCIAL PERFORMANCE

OPERATING RESULT TARGET 2012-13 ACTUALS	TARGET	2013-14 ACTUALS
Annual Operating result (\$M)	\$1.000M	\$4.122M
WIES ACTIVITY PERFORMANCE	TARGET	2013-14 ACTUALS
Percentage of WIES (public and private) performance to target	100%	100.1%
CASH MANAGEMENT		
Creditors	<60 days	45
Debtors	<60 days	52

ACCESS PERFORMANCE

EMERGENCY CARE	TARGET	MERCY HOSPITAL FOR WOMEN	WERRIBEE MERCY HOSPITAL
Percentage of ambulance transfers within 40 minutes	90	96%	83%
NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours (July – December 2013)	75	78%	68%
NEAT – Percentage of emergency presentations to physically leave the emergency department for admissions to hospital, be referred to another hospital for treatment, or be discharged within four hours (January – June 2014)	81	75%	66%
Number of patients with length of stay in the emergency department greater than 24 hours	0	1	159
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%	82%	66%

ELECTIVE SURGERY	TARGET	MPHI ACTUALS
Percentage of Urgency Category 1 elective patients treated within 30 days	100	100.0%
NEST – Percentage of Urgency Category 2 elective surgery patients treated within 90 days (July – December 2013)	80	97.5%
NEST – Percentage of Urgency Category 2 elective surgery patients treated within 90 days (January – June 2014)	88	97.0%
NEST – Percentage of Urgency Category 3 elective surgery patients treated within 365 days (July – December 2013)	94.5	99.8%
NEST – Percentage of Urgency Category 3 elective surgery patients treated within 365 days (January – June 2014)	97	99.7%
Number of patients on the elective surgery waiting list	600	1169
Number of Hospital Initiated Postponements per 100 scheduled admissions	8	6.6%

Note: waiting list as at 30 June 2014

SERVICE PERFORMANCE

ELECTIVE SURGERY	TARGET	MPHI ACTUALS
Number of patients admitted from the elective surgery waiting list – quarter 1	1150	1421
Number of patients admitted from the elective surgery waiting list – quarter 2	1584	1423
Number of patients admitted from the elective surgery waiting list – quarter 3	1509	1405
Number of patients admitted from the elective surgery waiting list – quarter 4	1697	1413

CRITICAL CARE	TARGET	MPHI ACTUALS
Number of days operating below agreed Neonatal ICU minimum operating capacity	0	26

QUALITY AND SAFETY	TARGET	ACTUALS
Health service accreditation	Full compliance	Achieved
Cleaning standards overall	Full compliance	Achieved
Cleaning standard (AQL-A)	90	97.1
Cleaning standard (AQL-B)	85	96.7
Cleaning standard (AQL-C)	85	98.2
Hospital acquired infection surveillance	No outliers	Not achieved*
Hand hygiene	70	76.8
SAB rate per occupied bed days	<2/10,000	>0.2%
Health care worker immunisation – influenza	60	Achieved

*Based on data September 2013-June 2014.

MATERNITY	TARGET	MPHI ACTUALS
Percentage of women with prearranged postnatal home care	100%	100%

MENTAL HEALTH	TARGET	MPHI ACTUALS
28 day readmission rate – percentage	14%	16%
Post-discharge follow-up rate – percentage	75%	78%
Seclusion rate per occupied bed days	<20/1,000	16

ACTIVITY AND FUNDING

FUNDING TYPE	MPHI ACTUALS	MHW	WMH
ACUTE ADMITTED			
WIES Public	32,477	19,453	13,024
WIES Private	4,081	3,226	855
Total PPWIES (Public and Private)	36,558	22,679	13,879
WIES DVA	154	12	142
WIES TAC	4	0	4
WIES TOTAL	36,716	22,691	14,024
SUBACUTE ADMITTED			
Palliative Care Public	4,477		4,477
Palliative Care DVA	189		189
Transition care – Bed days	1,794		1,794
Transition care – Home days	967		967
MENTAL HEALTH & DRUG SERVICES			
Mental Health Inpatient	12,278		12,278
PRIMARY HEALTH			
Community Health / Primary Care Programs	646	646	

CONSULTANCIES

CONSULTANCIES IN EXCESS \$10,000

LISTING	PROJECT DETAILS	APPROVED PROJECT FEES	FEES INCURRED	FUTURE COMMITMENT
Nil	n/a	\$Nil	\$Nil	\$Nil

CONSULTANCIES LESS THAN \$10,000

NUMBER OF CONSULTANCIES	TOTAL COST
Nil	\$Nil

OUR WORKFORCE

Mercy Public Hospitals Inc is committed to recruiting and selecting a highly skilled workforce through a fair, equitable and transparent process. All decisions on recruitment and selection are based on merit.

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

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

CATEGORY	2013 (JUNE MONTH)	2014 (JUNE MONTH)	2013 (YTD JUNE)	2014 (YTD JUNE)
Administrative and clerical	169.3	195.7	165.2	173.7
Ancillary support services	85.7	91.6	86.9	75.8
Hospital medical officers	112.0	127.7	109.3	115.1
Hotel and allied	110.4	138.7	114.3	126.0
Medical officers	21.1	22.2	21.0	19.8
Medical support services	68.3	62.4	61.7	56.0
Nurses	940.6	1,014.8	923.5	950.0
Sessional clinicians	65.6	54.2	62.4	50.6
Total	1,573.0	1,707.2	1,544.3	1,566.9

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, plants 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 2013/14, 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 practises, 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.

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.

Mercy Health is in the process of establishing an Environmental Management Plan, by which we will exercise our value of stewardship by attempting to reduce our environmental impact.

WORK HEALTH AND SAFETY

Mercy Public Hospitals Inc is committed to ensuring the health, safety and welfare of its workers, patients, residents, clients, visitors and others who may be affected by its operations. A four year plan has been developed to improve our work health and safety systems, communication and to focus on our major hazards.

Occupational health and safety within Mercy Health is directed by our Work Health & Safety Long Term Plan 2013/17. Our achievements in 2013/14 include:

- Manual Handling Advisory Group and Occupational Violence Advisory Group continue to direct actions and programs to reduce the impact of these significant hazards
- manual handling training program reviewed to target area specific risks
- equipment purchased to assist in the care of bariatric clients
- Occupational Violence Training Program reviewed and reintroduced across both hospitals
- Manual Handling WorkCover claims reduced from 21 in 2011/12 and 2012/13 to 12 in 2013/14 (end May14)
- Assault/Aggression WorkCover claims reduced from 11 in 2012/13 to 2 in 2013/14 (end May 2014).

RISK MANAGEMENT

Mercy Public Hospitals Inc continues to maintain an enterprise risk program endorsed by the Mercy Health Board. Risk registers are maintained throughout the organisation with a consolidated risk report provided to the Board for information and consideration.

The adequacy and effectiveness of the risk management program is audited annually by the Mercy Health internal audit function and any areas for improvement actioned by management.

The risk management program and activities are also subject to ongoing continuous improvement initiatives such as:

- implementation of the National Safety and Quality Health Service Standards in preparation for accreditation across many of our health services
- appointment of a dedicated Risk Manager; and
- establishment of a Mercy Health Clinical Assurance Process. This new process will establish a common, systematic quality monitoring and assurance mechanism over clinical processes within health services, residential aged care and home care. The process has eight steps:

1. identify an audit area or process
2. identify required standards or procedures
3. determine approach and assessment criteria
4. conduct review and collect data
5. analyse outcomes
6. identify areas for quality improvement and remediation
7. issue stakeholder reports
8. follow up and re-audit.

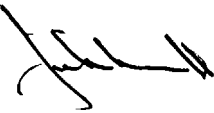
CARERS RECOGNITION ACT 2012

Mercy Public Hospitals Inc recognises, promotes and values the role of carers. We take all practical measures to comply with our 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 Session’)
- ensuring our staff have an awareness and understanding of the care relationship principles set out in the Act
- 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.

ATTESTATION

I, Julien O’Connell, certify that Mercy Public Hospitals Inc has risk management processes in place consistent with the AS/NZS ISO 31000:2009 and an internal control system is in place that enables the executive to understand, manage and satisfactorily control risk exposures. Mercy Public Hospitals Inc verifies this assurance and that the risk profile of Mercy Public Hospitals Inc has been critically reviewed within the last 12 months.



Julien O’Connell AM
Chairman, Mercy Public Hospitals Inc

5 August 2014

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 2014, Mercy Public Hospitals Inc received 317 applications.

Of the requests received by Mercy Public Hospitals Inc, access was granted in full for 273, access was granted in part for 10 (under sections 33(1) of the Act) and access was denied for one (under sections 25A(1) of the Act). A total of 33 applications were withdrawn, not proceeded with or had not been finalised at 30 June 2014. One application was referred to the Freedom of Information Commissioner for review and no applications were referred to the Victorian Civil & Administrative Tribunal for review.

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 Your Rights section of the Patient Information page of the Hospital, Clinical & Mental Health Services tab 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
Level 1, Corner of Albert St and Paisley St
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.

For further information on Freedom on Information visit foi.vic.gov.au

ADDITIONAL INFORMATION (FRD 22D)

In compliance with the requirements of FRD 22D 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 interest has been completed;
- (b) details of shares held by senior officers as nominee or held beneficially;

(c) details of publications produced by the Department 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.

RESEARCH

Our research program plays a pivotal role in advancing Mercy Health’s leadership of groundbreaking, evidence-based medical practice. As one of Australia’s leading clinical teaching and training providers, we recognise that a culture of innovation through translational research is critical to fostering tomorrow’s healthcare leaders.

More detail on our research and development activity is available in the 2013 *Mercy Health Research and Development Report*.

Mercy Health’s research output has continued to grow throughout the organisation, especially in the fields of obstetrics and gynaecology. The Board, the Chief Executive Officer and the Executive Directors have continued to actively support and promote research, which has resulted in increased funding and achievement.

Mercy Health has produced and attracted numerous excellent researchers, many of whom have achieved national and international acclaim. We are extremely proud of them and we thank them all.

Below are some highlights of our 2013/14 research work.

Sleep disordered breathing in pregnancy

This collaboration between the Maternal Fetal Medicine group at Mercy Hospital for Women and the Institute for Breathing and Sleep, Austin Health explores how sleep disordered breathing may explain adverse outcomes in pregnancy that are more common among obese women, such as hypertension, problems with fetal growth and stillbirth. In 2013 the group published a major longitudinal study confirming an adverse effect of obstructive sleep apnoea on fetal growth.

Studies continuing into 2014 include the role of sleep disordered breathing in women with pregnancy hypertension and possible effects of sleep disordered breathing on the risk of stillbirth in growth-restricted babies.

Treatments for severe preeclampsia

Severe preeclampsia is a pregnancy complication that can be very risky for both baby and mother. There are currently no treatments to slow or reverse the disease other than to deliver the baby. This can mean making the very difficult decision to deliver the baby preterm in order to save the mother.

The Mercy Hospital for Women/University of Melbourne Department’s Translational Obstetric Group (TOG) is developing drugs to treat preeclampsia and new diagnostics to improve clinical care of women with preeclampsia.

Diagnostics to monitor wellbeing of the sick baby in the womb

The group has also discovered molecules released from the placenta into the mother’s bloodstream when the fetus is significantly starved of oxygen and in peril. Measuring these mRNA molecules could be a new way to identify at-risk babies, allowing clinicians to better time delivery and decrease the numbers of babies lost to stillbirth.

The team had previously secured an NHMRC grant to conduct a large validation study on whether this finding can be developed into a clinical test. The resulting seven hospital international multicentre FOX Study has recruited throughout 2013.

Gestational Diabetes Follow-Up Project

This project is an adjunct to the Gestational Diabetes Follow-Up Program, Australia’s longest running clinical service and epidemiological study into the development of Type 2 diabetes among women with a history of gestational diabetes mellitus.

The research group at Mercy Hospital for Women have continued to recruit and follow up thousands of women who previously experienced gestational diabetes and to evaluate blood-borne proteins and lipids that may indicate Type 2 diabetes onset.

The early detection of Type 2 diabetes would allow early intervention strategies to be implemented, preventing or delaying complications of diabetes such as cardiovascular disease, kidney disease and blindness.

Mercy Pregnancy and Emotional Wellbeing Study

Mercy Health and collaborators from Deakin University, MCRI and University of Melbourne have continued this study, funded by Beyond Blue. The study follows 300 first time mothers to track their psychological and biological journey throughout pregnancy, childbirth and early years, to identify factors that may protect them against anxiety and depression.

Our perinatal mental health team co-convened the 2013 Australasian Marcé Conference in Melbourne.

Our researchers have presented at major national and international conferences including:

- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) 2013 Annual Scientific Meeting, Sydney, September 2013
- 33rd International Symposium on Intensive Care and Emergency Medicine, Brussels, March 2013
- Australian New Zealand Stillbirth Alliance Meeting and Workshop, Adelaide, April 2013
- Women’s Healthcare Australasia Conference, Brisbane, May 2013
- International Urogynecological Association Annual Scientific Meeting, Dublin 2012
- 12th Australian Palliative Care Conference, Canberra, September 2013
- Australasian Association of Parenting & Child Health (the Association) 2013 Forum, Perth, November 2013
- Australasian Marcé Conference, Melbourne, October 2013.

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.

NOTES



Mercy Health
Care first

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