



Mercy Health

Care first

access to clinical data research incidence routine reduced
nts
ws
of candour
addressing
continuous improvement external reviews root cause
clinical advice clinical networks clinical leadership
ansitions patient experience communicating about
clinical
access
s re
ntification
ication
uced duplication medical recor
cal
al
c
g
ment reporting cl
or
dicato
lity
a
ws
essing patient risk clin
continuous improvement
dent expert performance
ssmer
practice
and quality
performance indicators access to clinical u
data identification investigation patie
ve
medical records cl

zero harm

integrated care

partnerships

person-centred care

continuous improvement

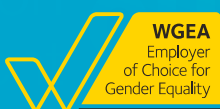
safest care



Care first:

The Mercy Hospitals Victoria Ltd
Quality Account

2016/17



Community
Reviewed

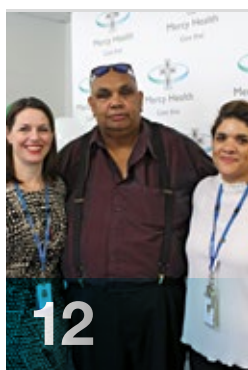
Making
information
easier
to read.

Contents



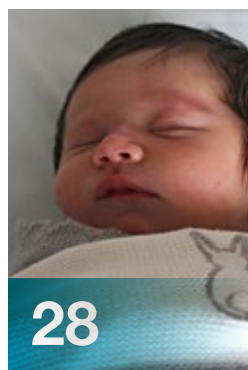
6

Celebrating diversity



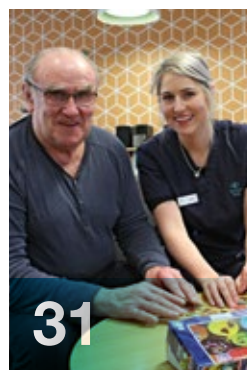
12

Journey to reconciliation



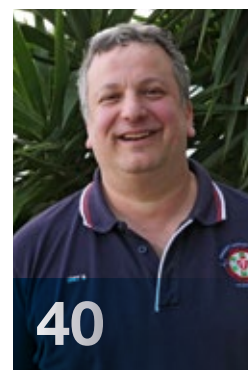
28

Keeping babies safe from falls



31

Launching our first delirium guidelines



40

In the spotlight: Danny Elbaum

Introduction

Quality at Mercy Health

Who we are

- Celebrating diversity
- Supporting Aboriginal and Torres Strait Islander communities
- Journey to reconciliation

Mercy Health patients: putting you first

- Protecting vulnerable families and children
- Hearing your voice: Victorian Healthcare Experience Survey
- Feedback and complaints
- Caring for our smallest patients
- Improving experiences of surgery
- Our new model of patient escalation

Mercy Mental Health

- Creating a safe space
- Designing for better outcomes
- Supporting you now and beyond
- Involving patients, clients and families
- Mental health performance data 2016/17
- Putting good ideas into practice

National Standards: improving our care

- National Standards: case studies

Transitions and closing chapters

- From hospital to home: making the path smoother
- Managing discharge
- Bonding with baby sooner
- End-of-life care for babies
- Supporting families through end-of-life
- How an Advance Care Plan can help

Your voices matter

- In the spotlight: Danny Elbaum

Mercy Health staff: our people's voices matter

- Caring for the caregivers
- Expanding our Stresswise program
- Ending occupational violence

Where to find us

3

4

6

6

10

12

13

13

14

16

18

20

22

23

23

23

24

24

25

25

26

28

34

34

35

36

37

37

39

40

40

41

42

43

44

45

On the cover: Key terms are drawn from the Victorian Government report *Targeting zero, the review of hospital and quality assurance in Victoria*, as well as Mercy Health's four quality goals (see page 4).

Welcome to *Care first: the Mercy Hospitals Victoria Ltd Quality Account 2016/17*

We take great pleasure in presenting our communities with *Care first: the Mercy Hospitals Victoria Ltd Quality Account 2016/17*.

In what has been another productive and rewarding year, Mercy Hospitals Victoria Ltd has continued to deliver consistently safe and high-quality healthcare. This is something we are immensely proud of and work hard to achieve every day. Delivering safe care relies on strong systems and processes, and a steadfast focus on strengthening patient outcomes and experiences.

At Mercy Hospitals Victoria Ltd, we believe that delivering person-centred care is critical to ensuring the preferences, needs and values of our patients, clients and families are respected. This belief aligns closely with our Catholic mission and values, and underpins our commitment to providing compassionate care to all people. Feeling safe, valued, reassured and empowered is a right that all patients deserve.

There have been many achievements throughout the year and, within this *Quality Account*, we hope to share with you a snapshot of some of the ways we have worked with our patients, communities and staff to offer the very best care possible. In 2016/17, we:

- launched our first Mercy Health – Health Services Reconciliation Action Plan, representing the commitment our organisation has made towards closing the gap and improving health outcomes and experience for Aboriginal and Torres Strait Islander people
- introduced our new model of consumer-directed escalation of care, whereby patients, families and carers can raise concerns if they notice deterioration in their condition or that of their loved one. 'REACH out to us' was developed in conjunction with our Community Advisory Groups as well as our National Standards committees
- continued to engage with other local healthcare agencies through the delivery of initiatives such as 'Healthy Happy Beginnings' which is a community-based program supporting Karen women from Burma throughout pregnancy
- established a combined initiative to address child safety and family violence, as a positive step towards providing a safe experience for everyone in our care
- participated in the Victorian Government's 'Safewards' trial in our acute inpatient mental health services to help staff and patients manage aggression before it escalates and to support the maintenance of a calm and therapeutic environment

- implemented a range of initiatives to improve medication safety, clinical care and the patient journey through our services
- listened to the stories of those for whom we care to guide service improvement and service delivery.

We sincerely hope you enjoy reading *Care first: the Mercy Hospitals Victoria Ltd Quality Account 2016/17*.



From left to right: **Adjunct Professor Linda Mellors** Chief Executive — Health Services, **Adjunct Professor Stephen Cornelissen** Group Chief Executive Officer and **Ms Clare Grieveson** Group Executive Director, Quality, Risk & Service Improvement

We welcome your feedback on this year's report and your own stories

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

How you shaped this year's report

Last year, you said you wanted to see:

- more structure
- explanations and responses for unmet targets.

We have:

- grouped articles by theme
- explained why some targets were not met and actions we are taking to improve our care
- partnered with our Consumer Advisors to review and improve the report draft
- continued to feature your stories and feedback throughout the report.

Quality at Mercy Health

Mercy Health's motto of 'care first' encapsulates our commitment to delivering safe and high-quality care for every person, every time. Like other health services, our focus on quality has been sharpened through our shared commitment to respond to the recommendations of the Victorian Government's 2016 report *Targeting zero, the review of hospital safety and quality assurance in Victoria*.

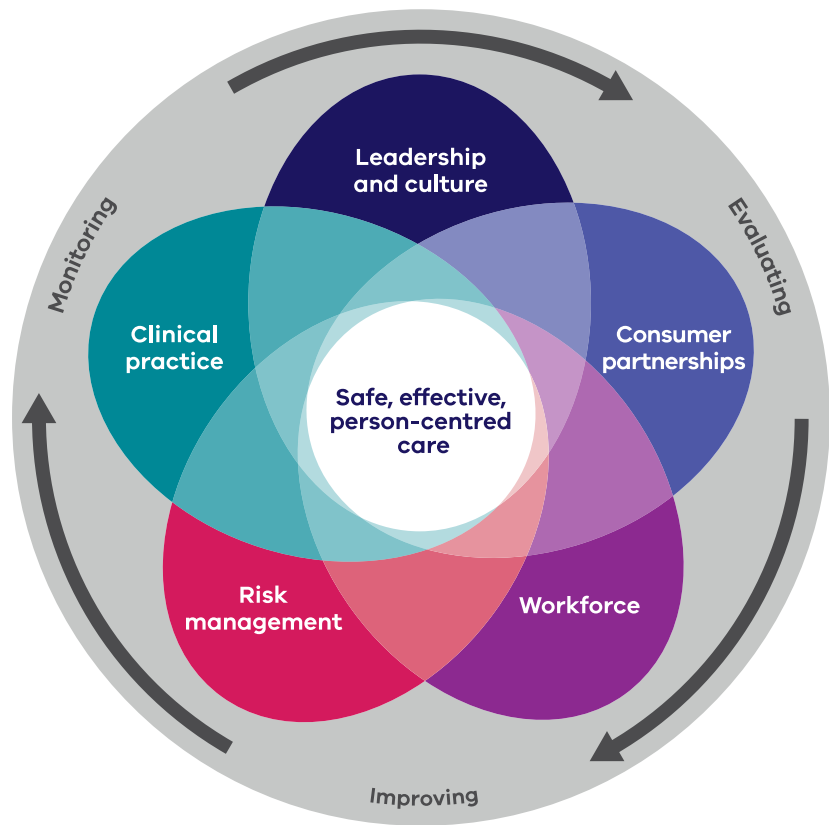
Everyone at Mercy Health plays a part in ensuring our patients, clients and residents receive care in a person-centred system that truly values each person as a human being,

acknowledging their experience and ensuring they feel well cared for, safe and respected. By committing to 'care first' at Mercy Health, we ensure the care and services designed and delivered are collaborative, responsive and create the best possible experience for each individual, in line with our mission, vision and values. Here, we describe the quality framework that enables Mercy Health to continuously improve in order to put every person's care first.

Mercy Health has identified four quality goals that help us deliver the best possible care (see diagram below).



Our quality goals are enhanced by clinical governance systems adapted from the Delivering High-Quality Healthcare – Victorian Clinical Governance Framework (2017). Pictured below are the five domains that support staff to achieve our quality goals.



Quality at Mercy Health is achieved through **pillars** supporting **people** to achieve a **purpose**, which is to provide each person for whom we care with the best quality care and experience.

Purpose	The Mercy Health care experience is person-centred, responsive, integrated, safe and effective.
People	Mercy Health people are compassionate, respectful, empathetic, skilled, informed, proactive and accountable.
Pillars	Mercy Health’s purpose and people are supported by our worthy mission, goals and strategies; bold leadership and culture; as well as standards (see below), evidence, policy, systems and resources.

Quality and safety are driven by a strong organisational culture and we are all responsible for ensuring high-quality care. In addition to individual roles and responsibilities, we have structures, systems, processes and committees in place to address key issues and embed safety, quality and risk management into daily business. Mercy Health uses the National Safety and Quality Health Service Standards, Aged Care Standards, Home Care Standards, National Standards for Disability Services, Human Services

Standards and other accreditation requirements to support quality care.

We seek to provide ‘care first’ for every person, every time. This *Quality Account*, which was developed in partnership with Consumer Advisors, is just one important way we can demonstrate how we aspire to make every day the best possible for all those who receive care and services at Mercy Health.

Who we are

Celebrating diversity

Mercy Health is proud to serve the needs of our increasingly diverse community. We strive to provide the best quality healthcare for every person, regardless of their culture, background or beliefs, or the language they speak. We are continuously seeking opportunities to improve care for diverse communities, including through interpreting services, staff training and engaging with other healthcare providers and stakeholders..



Obstetrician and Gynaecologist Fiona Li with Syed in Pregnancy Day Stay at Werribee Mercy Hospital

This snapshot of our hospital patients and clients in 2016/17 highlights the diversity of the people we serve.

Mercy Hospitals Victoria Ltd	2016/17	2015/16
Patients born in a country other than Australia	32.7% 203 countries	31.1% 203 countries
Language other than English (LOTE) spoken at home	15.6% 138 languages	13.1% 138 languages
Interpreter required	5.4% of all patients and clients OR 34% of those who speak LOTE	5.1% of all patients and clients OR 38.8% of those who speak LOTE

Mercy Health fact

The top 10 countries of birth for patients and clients in 2016/17 were Australia, India, China, New Zealand, England, the Philippines, Italy, Vietnam, Sri Lanka and Pakistan.

At Mercy Health, we are constantly looking for ways to better serve our growing culturally and linguistically diverse (CALD) communities. This work is underpinned by various policies and requirements, such as Victoria's multicultural policy statement *Victorian. And proud of it.* These are some of the areas we are focusing on at Mercy Health.

Interpreting services

Interpreting services support people who speak languages other than English (LOTE) to make informed choices about their health and to ask questions throughout their healthcare journey. Mercy Health is committed to providing interpreters to support better healthcare for all people regardless of what language they speak, as also stipulated in the Department of Health and Human Services *Language Services Policy*.

This table describes the percentage of patients for whom we provided an interpreter, where an interpreter was required.

	Interpreter provision 2016/17
Werribee Mercy Hospital inpatients	38.94%
Werribee Mercy Hospital outpatients	80.42%
Mercy Hospital for Women inpatients	75.15%
Mercy Hospital for Women outpatients	88.84%

Key to the table:

At or above 80% (meets the target)	Between 60% and 80% (almost there)	Below 60% (needs significant improvement)
------------------------------------	------------------------------------	---

Demand for interpreters continues to grow across our services, with nearly 17,000 requests for interpreters at Werribee Mercy Hospital and Mercy Hospital for Women alone in 2016/17. The required languages are also becoming more diverse, which presents additional challenges in providing interpreting services. The requests include a range of new and emerging languages (for example Karen or Dinka) as well as more established languages (such as Italian or Greek).

This year we delivered a number of projects to improve the delivery of interpreting services at Werribee Mercy Hospital Outpatient Clinics. This work resulted in 1,207 more services being delivered compared to the previous year, with the overall rate being 80.42 per cent.

We are now embarking on a number of new projects to address the suboptimal use of interpreters in our inpatient areas. However, it is important to note that areas such as the Werribee Mercy Hospital Day Procedure Unit already perform exceptionally well with 91 per cent of patients who require an interpreter having one present. In addition to interpreting services, our written information is currently available in 11 community languages. We also access more information in more languages from other organisations and through websites such as the Health Translations Directory.



When you see the interpreter symbol you can ask for help to communicate in your language.

Arabic / عربي

عندما ترى رمز المترجم يمكنك طلب المساعدة للتواصل بلغتك.

Greek / Ελληνικά

Όταν βλέπετε το σύμβολο του διερμηνέα μπορείτε να ζητήσετε βοήθεια για να επικοινωνήσετε στη γλώσσα σας.

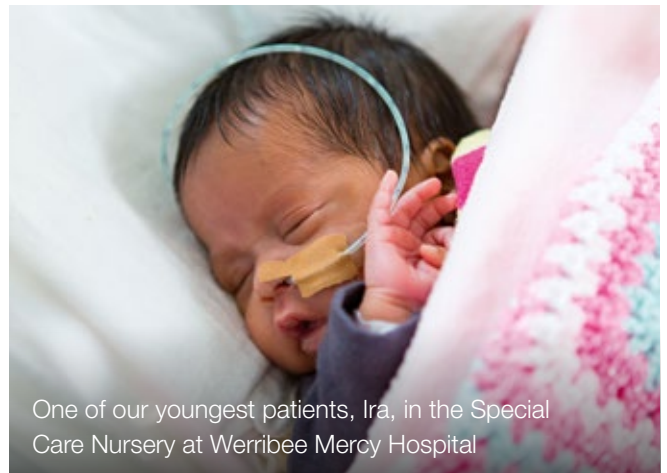
Mandarin / 普通话

如果看到传译员的标记，您就可用母语请求他们协助沟通。

Partnering with culturally and linguistically diverse (CALD) communities

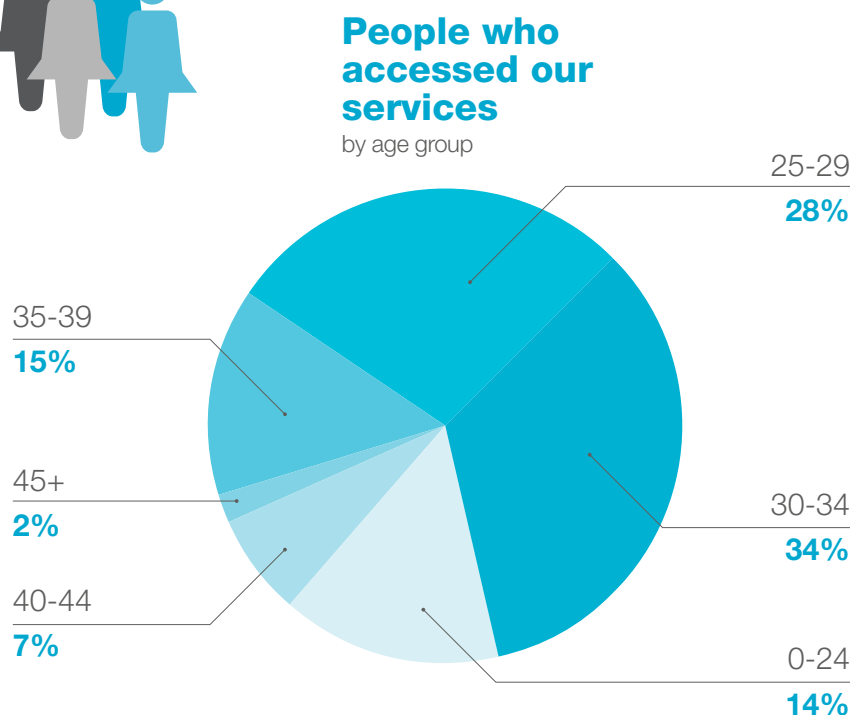
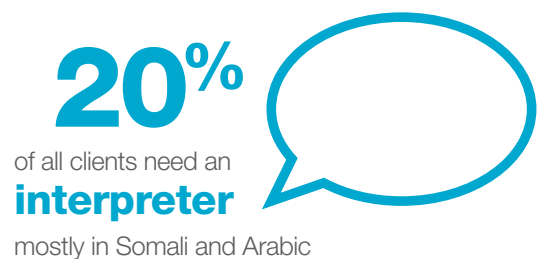
Enabling our CALD patients, clients and loved ones to fully participate in their care is another important component of our commitment to diversity. For example, this year we have improved the way in which non-English speaking patients can provide feedback. It is generally known that CALD people may not feel comfortable providing feedback, particularly complaints. Creating culturally safe processes, offering the support of interpreters and translating feedback letters are all showing promising results.

Another example is our work in the sexual and reproductive health of CALD women. Our Family and Reproductive Rights Education Program (FARREP) based at Mercy Hospital for Women supports women who have experienced female circumcision.



One of our youngest patients, Ira, in the Special Care Nursery at Werribee Mercy Hospital

A snapshot of who accessed our FARREP/African Liaison services in 2016/17



Staff training and development

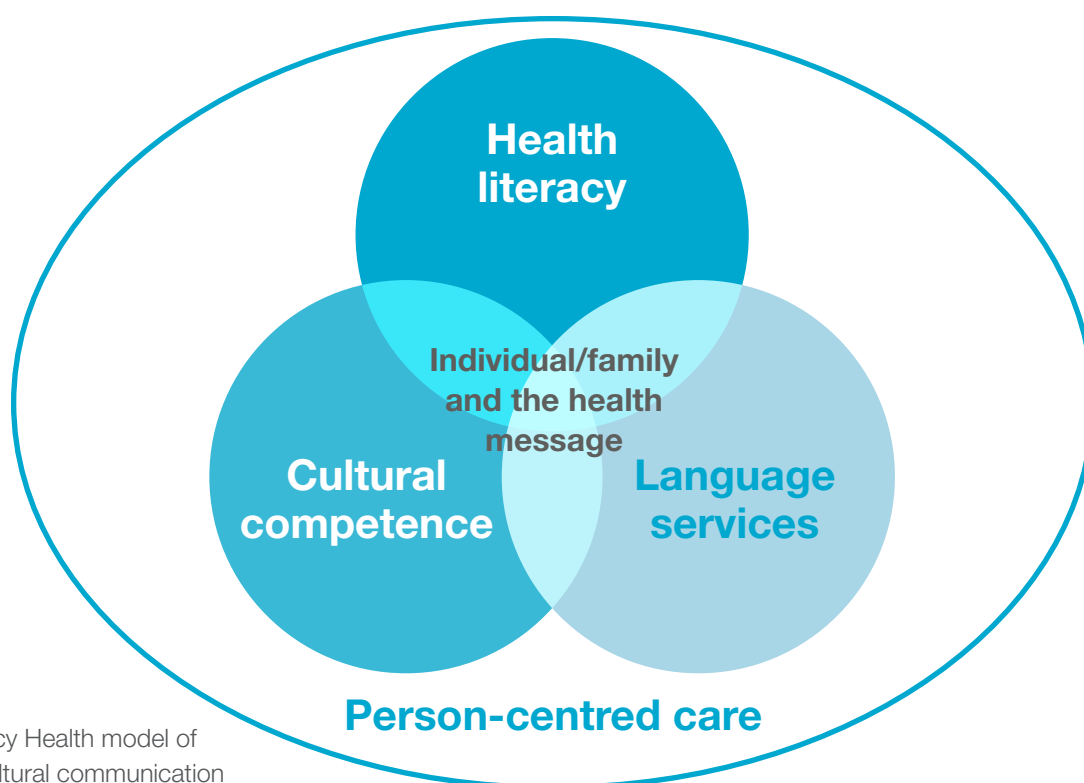
Building cultural competence among our staff is an important step towards improving care for CALD communities. Some examples from this year include:

- our Equity & Inclusion Committee, which is chaired by the Group Chief Executive Officer and oversees the direction of all related strategies and activities so they can be implemented by the organisation
- the inaugural Equity & Inclusion Champion awarded to a staff member at Mercy Health's annual Leadership Day, further supporting the organisation's 'building cultural competence' requirements
- delivering staff training on providing culturally safe care to women who have experienced female circumcision in partnership with a clinical midwife educator
- delivering cross-cultural communication training based on the model developed by our Multicultural Services Unit
- participating in Drop the Jargon Day in October 2016, which encourages staff to use plain English when speaking to patients as well as colleagues.

How we engaged with other healthcare providers and stakeholders

In 2016/17:

- Wemi Oyekanmi, who works in our Family and Reproductive Rights Education Program (FARREP), presented at a statewide forum called 'Celebrating the success of the Victorian FARREP'
- we continued to engage with other healthcare agencies to deliver Healthy Happy Beginnings, which is a community-based program supporting Karen women from Burma throughout pregnancy
- we presented to the Western Health Literacy Alliance about our health literacy journey and improvements
- we liaised with Victorian Government departments and key stakeholders about how we can continue to improve our care for CALD communities, for example we participated in consultations for the government review of procurement of language services.



The Mercy Health model of cross-cultural communication

Mercy Health fact

Our April 2017 Consumer Experience Survey had a great response, with 289 patients, clients and family members providing feedback on the care provided at Mercy Health.

98% of patients, clients and families felt that staff always respected their views and opinions, and 95% said they would recommend Mercy Health to their family and friends.

Supporting Aboriginal and Torres Strait Islander communities

Mercy Health is striving to enhance care and support for Aboriginal and Torres Strait Islander communities at all of our hospitals, support centres and clinics. We are building on the foundations of our inaugural Reconciliation Action Plan launched in February 2017 and the Victorian Government's Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program, which was established in 2004.



Taylor Smith and baby Connor

What it means to you

"It's important that Mercy Health has a Reconciliation Action Plan. It helps a lot of people. My baby boy Connor was born 11 weeks early. He has been cared for at Mercy Hospital for Women and Werribee Mercy Hospital and because of the Reconciliation Action Plan, I know he and I are safe. It also means we feel a sense of security that there is somebody to talk to who understands us." — Taylor Smith

Aboriginal and Torres Strait Islander patients in 2016/17

Mercy Hospitals Victoria Ltd	Aboriginal and Torres Strait Islander patients	Total patients	Percentage Aboriginal and Torres Strait Islander patients
Mercy Hospital for Women	227	15,573	1.46%
Werribee Mercy Hospital	145	20,380	0.71%
Mercy Health O'Connell Family Centre	13	1,633	0.80%
Total	385	37,586	1.02%

In 2016/17, we have taken action in the following four areas to meet the needs of Aboriginal and Torres Strait Islander people who are entrusted to our care.

Our partners in care

- We provide shared care antenatal services at Mercy Hospital for Women in partnership with the Victorian Aboriginal Health Service and Banyule Community Health.
- The Mercy Hospitals Victoria Ltd Aboriginal Reference Committee ensures Aboriginal and Torres Strait Islander people are represented at a strategic level by reporting on our hospitals' services and projects.
- We provide a culturally safe office in the Mercy Hospital for Women outpatient area for Indigenous women and their families.
- We consult with Indigenous patients through feedback forms and provide educational information to our staff, community and key stakeholders.

Supporting our staff to care

- We provide cultural awareness training for staff including guidelines on asking patients and visitors whether they identify as Aboriginal and Torres Strait Islander (known as 'ask the question' training).

Improving our organisation

- Aboriginal artist Lyn-AI Young produced artwork for our Reconciliation Action Plan, which is displayed at Werribee Mercy Hospital.
- We acknowledge significant dates for Indigenous communities such as NAIDOC Week, National Reconciliation Week and National Sorry Day.
- Mercy Health developed a policy and procedure for Welcome to Country ceremonies and Acknowledgement of Country practices. This is included in Mercy Health meetings.
- We are prioritising Aboriginal health and employment which is reflected in our equity and inclusion action plan *Key Priority Areas 2016 and beyond* and the *Mercy Health Strategic Plan 2013-17*.

Improving our systems of care

- Our clinics collect data on patients' health status, their condition, attendance at clinics and health outcomes. We also contribute to and access statewide data on the care of all patients, which helps us identify ways to improve our care.
- We are extending hours at the Nangnak Baban Murrup ('nurturing mothers spirit') Clinic, our specialist antenatal facility at Mercy Hospital for Women, to five days a week.
- We are ensuring Indigenous programs, Aboriginal Hospital Liaison Officers, social workers and postnatal support are available to all Aboriginal and Torres Strait Islander patients and families.
- We are facilitating referrals for Aboriginal women and their families to mental health clinicians where required.
- We are focusing on culturally safe care and postnatal follow-up for Aboriginal mothers and their children from birth up to school age through our Nangnak Wan Myeek ('nurture, care and look after me and mine') program.

Journey to reconciliation

The first Mercy Health – Health Services' Reflect Reconciliation Action Plan (RAP) was launched in February 2017. This was an important step towards improving healthcare for Aboriginal and Torres Strait Islander people and acknowledging the role of Indigenous culture and history. Historically, much of the work with the Aboriginal community has centred on Mercy Hospital for Women in Heidelberg, which hosted Mercy Health's flagship Aboriginal Hospital Liaison Officer service. The need to provide culturally safe care to a growing Aboriginal community was an important driver behind the RAP and expansion of Mercy Health's Aboriginal workforce and services.

The RAP sets out actions under the cornerstones of 'respect', 'relationships' and 'opportunities' toward achieving reconciliation. The journey of the RAP itself has helped raise the profile of Aboriginal health; engagement with community; and developing a culturally safe and competent workforce. The RAP addresses key issues including historical acceptance of our nation's history, positive race relations between Aboriginal and non-Aboriginal Australians, unity and institutional integrity.

At Mercy Health our RAP includes:

- social change, by changing attitudes and behaviours
- a governance model that supports implementation of the RAP and the Mercy Hospitals Victoria Ltd Aboriginal Reference Committee
- reflecting on our practices and adapting accordingly
- challenging prejudice
- inspiring staff to not only learn about Aboriginal services at Mercy Health, but to learn about and understand the broader Aboriginal community, culture and history.

Chief Executive – Health Services Adjunct Professor Linda Mellors says the RAP builds on many initiatives already in place across our health services. "This RAP represents the commitment of our health service to work toward closing the gap and improving health outcomes and experience for Aboriginal and Torres Strait Islander people," Linda says.



Chief Executive – Health Services Adjunct Professor Linda Mellors with Indigenous singer and songwriter Kutcha Edwards and Manager Aboriginal Programs Mercy Hospital for Women Marika Jackomos

Mercy Health patients: putting you first



Protecting vulnerable families and children

Mercy Health has established a combined initiative to address child safety and family violence, as a positive step towards providing a safe experience for everyone in our care. The project aims to promote the safety and empowerment of children attending our health services. It also aims to provide early and effective assistance to victims of family violence by training and supporting staff to respond to family violence disclosures.

In January 2017, Mercy Health appointed Dr Ronda Johns as coordinator of our Child Safe Standards and Strengthening Hospital Responses to Family Violence (SHRFV) project. Reporting to the Vulnerable Women's and Children's Committee, Dr Johns is supported by Project Officer Heather Game, Social Work Manager Leanne Foster and community legal services.

The Child Safe Standards initiative arose from a Victorian parliamentary inquiry into the handling of child abuse by religious and other non-government institutions. In addition, the Royal Commission into Family Violence recommended a whole-of-hospital model for responding to family violence and this has become known as the SHRFV project.

This recommendation was made in recognition of family violence being a leading cause of death and injury among women aged 15–44 years in Australia. It also recognises that health professionals are critical project partners because they are often the first to hear personal family violence disclosures.

As part of this combined initiative we are:

- examining all Mercy Health policies for compliance with family violence and child safety standards
- conducting an organisation-wide survey to determine staff knowledge and training needs around family violence
- conducting family violence and child safe Grand Rounds at Mercy Hospital for Women and Werribee Mercy Hospital
- holding education sessions for midwives, which have received positive feedback
- planning for all staff to attend training.

If you, or someone you know, are concerned about or experiencing child abuse or family violence, support is available. 1800Respect is a national, 24-hour counselling, information and referral service. Visit [1800respect.org.au](https://www.1800respect.org.au) or call 1800 737 732.

Hearing your voice: Victorian Healthcare Experience Survey

The Victorian Healthcare Experience Survey (VHES) is a statewide survey of people's public healthcare experiences, run by the Department of Health and Human Services. Mercy Health receives quarterly reports on our performance, which allows us to monitor our performance over time and to compare ourselves with the state average and our peers. We share our VHES results with staff and Consumer Advisors.

The Victorian Government sets a target of 95 per cent overall positive rating by the public of a hospital's care.

What you said

Providing both emotional and interpersonal care is a high priority for you. This is one of the best aspects of your experience with us, but when it is lacking, it is one of the worst aspects of your experience with Mercy Health.

Mercy Health can improve how we manage the transition of your care when you leave hospital.

What we are doing

Investing in a special improvement project to reduce waiting times and improve the experience of visiting the Mercy Hospital for Women Outpatient Clinics.

Sharing patient stories with staff and management to promote a better understanding of patient experiences and what matters most to those for whom we care.

Providing specialised health literacy training for key Health Services staff so they can produce easier-to-understand written information for patients, families, friends, clients and carers.

Undertaking a point-of-care bedside audit twice a year in which current inpatients or their carer/support person are invited to provide feedback on the education and information they have been provided during their admission.

Providing our staff with training and resources relating to person-centred care; engaging with patients, clients and families; and complaint management.

We held a Great Ideas Day at Werribee Mercy Hospital and invited our patients, clients, carers, families and community members to provide feedback and suggestions on ways we could improve the healthcare experience.



Werribee Mercy Hospital C3 Ward nurse Lisa Cassar with patient Antonina

What you said

You are concerned about waiting times and our communication about waiting times at the Mercy Hospital for Women Outpatient Clinics and the Werribee Mercy Hospital Emergency Department.

Mercy Health can improve communication with you and your family, friends and carers about your care and treatment.

What we are doing

Continuing to invest in our Better Care Transitions project, which aims to improve the flow of patients from Werribee Mercy Hospital Emergency Department to the wards and home and in turn reduce waiting times.

Ongoing focus on and monitoring of bedside handover, in which staff exchange information about your care and progress at your bedside with your involvement.

Reviewing and updating the health information we provide to you to make sure it is easy to understand and that the people who access our services are involved in the development of the documents.



Your feedback matters to us

We encourage you to complete the Victorian Healthcare Experience Survey if you are contacted after receiving care at Mercy Health.

Mercy Health facts

93.55% rated Mercy Hospital for Women's care as 'very good' or 'good' compared with 93.25% the previous year*.

93.15% rated Werribee Mercy Hospital's care 'very good' or 'good' overall compared with 90.25% the previous year*.

The state average for this time period was 91.93%.

*When asked 'Overall, how would you rate the care you received while in hospital?' in the 2016/17 Victorian Health Experience Survey (adult inpatient).

Feedback and complaints

Your feedback is important to us

Mercy Health values feedback because it gives us a unique and important perspective from people who use and interact with our services. Feedback helps us understand what we are doing well as well as areas for improvement.

How Mercy Health collects feedback



How we manage your feedback

Mercy Health has a formal feedback management system. When we receive a formal complaint, we take the necessary steps to investigate. These include assessing the complaint, gathering information, seeking a resolution or outcome and working with our staff and Consumer Advisors to make improvements based on your feedback.

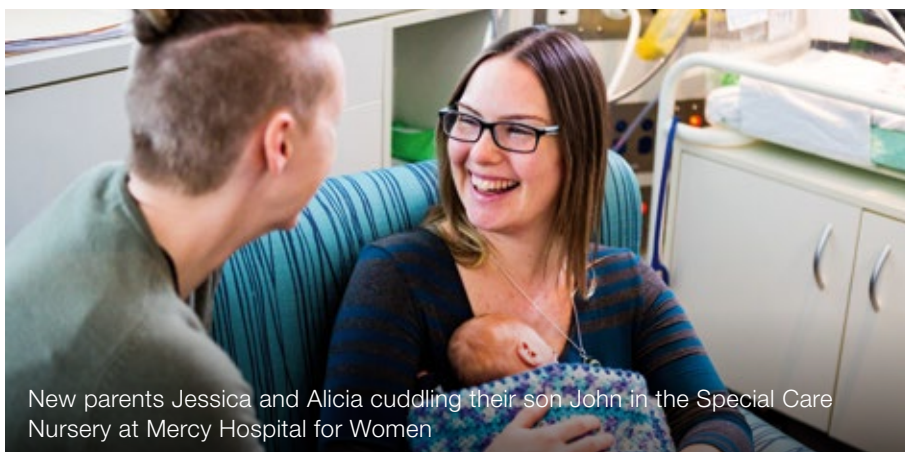
We record all formal feedback on the Victorian Health Incident Management System (VHIMS). At Mercy Health, we also share themes and trends with our staff, management, Executive, Board and Consumer Advisors who sit on committees.



Tell us if you require an interpreter or want a copy of our feedback form in a language other than English.

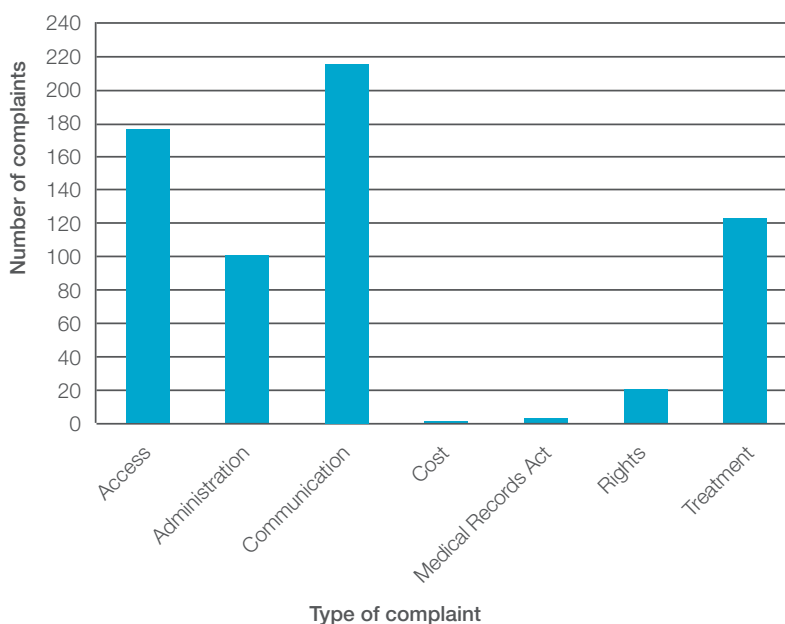
Mercy Health fact

In 2017 we partnered with our Consumer Advisors to review our response letters to complaints and compliments.



New parents Jessica and Alicia cuddling their son John in the Special Care Nursery at Mercy Hospital for Women

Total complaints by theme 2016/17*



*As recorded in the Victorian Health Incident Management System

The primary communication issues raised by those who used our services were:



The primary access issue raised by those who used our services was:

wait time

Ways to give feedback include:

- in person to staff, a manager or the person in charge of the ward or department
- online via a feedback form available at health-services.mercyhealth.com.au
- feedback forms available at all sites
- call our Consumer Liaison Officer on 03 8416 7783 (Monday to Friday) and leave a voicemail with your name and contact number if we miss your call
- email feedback@mercy.com.au

Caring for our smallest patients

At Mercy Health we pride ourselves on providing exceptional perinatal care for pregnant women and their babies. In 2016/17 we welcomed 9,782 babies at Mercy Hospital for Women and Werribee Mercy Hospital, and cared for 2,360 babies in neonatal care. The *Victorian Perinatal Services Performance Indicators 2015/16* report supports continuous improvement in our birth suites and nurseries. Our hospitals perform better than the state average in many indicators, such as perinatal mortality and fetal growth restriction. True to our culture of striving for better, this article focuses on areas in which there may be room to improve – and what we are doing to achieve better care now and into the future.

Perinatal mortality

The death of a baby is always heartbreaking and we are continuously striving for zero deaths or injuries among our smallest patients. With this in mind, we are pleased to share that Mercy Hospital for Women had the lowest reported rate of perinatal mortality in Victoria and Werribee Mercy Hospital also performed better than the state average (see indicator 5 on page 19). Indicator 5 records fetal deaths (stillbirths) and deaths of live-born babies (neonatal deaths) within 28 days after birth. It compares the rate of the number of babies who died after 32 weeks' gestation across different hospitals. The rate is calculated over a five-year period and excludes babies who have died from a fetal abnormality.

The annualised state average is 1.0; the Mercy Hospital for Women rate was half this – the lowest reported rate in the state. Werribee Mercy Hospital is the lowest reported rate for level 2 and 3 hospitals (hospitals that care for low to moderate-risk newborns) and lower than all but one of the level 4 and 5 hospitals (hospitals that care for moderate and selected high-risk newborns in a special care nursery).

Fetal growth restriction

Fetal growth restriction (FGR) refers to babies who are not growing well during pregnancy. FGR can carry an increased risk of death or long-term health problems. Ideally, severely growth-restricted babies are identified and born before 40 weeks' gestation. Indicator 3 refers to the percentage of all babies with FGR who are delivered after 40 weeks' gestation. Mercy Hospital for Women and

Werribee Mercy Hospital both performed better than the state average, with the Werribee rates steadily improving over the past three years.

We are committed to further improving our detection of babies who are growth restricted by:

- ensuring women are triaged early in pregnancy so high-risk pregnancies are referred to the most appropriate level of service
- monitoring FGR rates via live data on a new internal reporting dashboard
- providing ongoing education to staff on assessing fetal wellbeing
- holding multidisciplinary case reviews
- applying new evidence to our FGR procedures
- ongoing monitoring of fetal wellbeing and growth ultrasounds for quality and clinical standards.

Perineal tears

Third and fourth-degree perineal tears — lacerations of the soft tissue near the vagina following childbirth — are an uncommon but significant birth-related complication. While many factors influence the incidence of perineal tears, it may be a reflection of the quality of care during birth. The incidence of third and fourth-degree perineal tears remains an important indicator for all health services to review on a regular basis. Mercy Hospital for Women performed exceptionally well compared to the state average, while Werribee Mercy Hospital is only slightly above the state average with some room to improve.

To continue improving our care we are:

- seeking to improve recognition and classification of perineal tears
- implementing systems to ensure appropriate follow-up of women who have suffered perineal tears
- participating in the Women's Healthcare Australasia breakthrough collaborative on improving outcomes for women by reducing avoidable third and fourth-degree tears. The collaborative is being offered in partnership with the NSW Clinical Excellence Commission.

Intervention in low-risk pregnancies

Medical intervention is expected to be minimal in low-risk pregnancies (free of major risk factors), which are the focus of indicators 1a and 1b (see table on page 19). Both hospitals reported rates of caesarean section and induction of labour in low-risk first-time mothers, which were similar

to those of comparable services. Our Women's and Children's Program is continuing to review the obstetric care and intervention rates of all women, including those with low-risk pregnancies.

Caesarean sections

A caesarean section can be a life-saving procedure and in some cases it is the safest way to birth a baby. However, it may be associated with greater risks for both the woman and her baby and should only be considered when medically indicated. Having a caesarean section for the first birth increases the risk of needing a caesarean section in subsequent births. Indicators 4a and 4b (see table below)

refer to the proportion of women attempting a vaginal birth after a previous caesarean section and those who achieve it. Figures from both sites are satisfactory; however, there may be scope to allow more women to attempt a vaginal birth (indicator 4a). To continue improving our care, we are:

- including discussions on vaginal birth after caesarean section in antenatal care plans
- monitoring and reporting vaginal birth after caesarean section rates at multidisciplinary meetings
- improving clinical skill and care pathways for women having their first baby.

		Victorian public hospital average	Victorian private hospital average	Mercy Hospital for Women	Werribee Mercy Hospital
Intervention in low-risk pregnancies	Indicator 1a: Rate of inductions in standard primiparae*	3.0%	13.6%	3.7%	4.6%
	Indicator 1b: Rate of caesarean sections in standard primiparae	15.9%	33.6%	16.7%	20.7%
Fetal growth restriction	Indicator 3: Rate of severe fetal growth restriction	34.9%	36.3%	28.3%	34.1%

		Victorian public hospital average	Mercy Hospital for Women	Werribee Mercy Hospital
Perineal tears	Indicator 1c: Rate of third and fourth-degree perineal tears in standard primiparae	6.5%	1.6%	6.9%
Caesarean sections	Indicator 4a: Rate of women who planned for vaginal birth after a primary caesarean section	29.3%	24.3%	33.5%
	Indicator 4b: Rate of women who had a planned vaginal birth after a primary caesarean section	57.7%	53%	57.3%
Perinatal mortality	Indicator 5: Perinatal mortality ratio for babies born at 32 weeks or more	1.0	0.49	0.85

*Standard primiparae is defined as a woman aged 20-34 who is giving birth for the first time to a single baby born headfirst between 37–40.6 weeks' gestation.

Improving experiences of surgery

Mercy Health has taken a number of actions in response to the Victorian Audit of Surgical Mortality, which is a review of all deaths associated with surgical care. Here, we provide two examples of how we are continuing to improve quality of care in surgery.



Surgical staff preparing for an operation at Werribee Mercy Hospital

A new approach

Mercy Health has established a specialist group, known as the 'Perioperative Medicine Group', to consider how we care for patients before, during and after surgery. Numerous specialists are involved, including anaesthetists; physicians; surgeons; surgical and pain medicine nurses; physiotherapists; and dietitians.

Needing to have an operation can be a stressful and challenging time. Everyone wants things to go smoothly,



A meeting to discuss perioperative medicine across our health services

without complications. Targeted activities delivered in a coordinated way can help optimise patient health before surgery; reduce side-effects like pain and nausea; and enable a faster return home. Perioperative medicine is a rapidly evolving new approach that has already improved outcomes significantly in other parts of the world. Locally, the most recent Victorian Audit of Surgical Mortality (VASM) has specifically identified this as an important initiative.

We are still in the preliminary stages, having established a steering group and formed the first working parties which will focus on patients having major joint replacements as well as women who require a planned caesarean section. We anticipate being able to commence in these areas by the start of 2018. Our first steps are underway, including setting up outpatient clinics and developing patient information.

A fundamental part of this approach is focusing our attention on patient-reported outcomes, which are outcomes described by the patient themselves. We have a very diverse patient group from many different cultural backgrounds and we are in the process of undertaking patient surveys that will guide us on what is valuable to people having surgery in our health service. These surveys will be undertaken in the next few months.

“ It was great to have my surgery so close to home and be able to come back to physiotherapy without having to travel too far ”

– Filomena Mileno



Filomena Mileno, one of the first patients to have total hip replacement at Werribee Mercy Hospital

Treatment closer to home

Werribee Mercy Hospital began performing total knee replacement and total hip replacement surgery in February 2017. For patients in the Wyndham region, this means no longer having to travel far for this type of surgery, making it easier for them and their families.

Total joint replacement surgery is one of the most commonly performed types of elective surgery and the demand for this procedure accounts for some of the longest waiting times for elective surgery in Victoria. Before 2017, the inability of Werribee Mercy Hospital to offer this type of surgery was frustrating for patients and their referring general practitioners who had to send them far away for treatment — some as far as the Royal Melbourne Hospital. The introduction of total joint replacement surgery at Werribee Mercy Hospital is aligned with the increase in the volume, range and complexity of clinical services we deliver.

Since commencing the service in February 2017, 18 patients have undergone total joint replacement surgery. It is anticipated that this number will increase significantly over the next few years accompanied by the introduction of other joint replacement surgery such as shoulder replacement — the first of which is planned for November 2017.

One of the first patients to have a total hip replacement at Werribee Mercy Hospital was 51-year-old Filomena Mileno.

“It was great to have my surgery so close to home and be able to come back to physiotherapy without having to travel too far,” Filomena says. “I can get about my daily life in no pain. Everything went well — during my appointment, before surgery and when I came in for surgery I was treated well by my surgeon, the nurses, physiotherapist and occupational therapist. I was very nervous about the operation, but the staff were so reassuring and supportive.”

Our new model of patient escalation

An escalation of care process enables patients, families and carers to raise concerns if they notice deterioration in their condition or that of their loved one. The Mercy Health escalation of care model was adapted from the NSW Clinical Excellence Commission's 'REACH' initiative. Our version, 'REACH out to us', was trialled at the Mercy Hospital for Women Emergency Department and the Werribee Mercy Hospital surgical ward beginning in May 2016. The model was subsequently rolled out to all inpatient areas with access to a bedside phone. Between May 2016 and March 2017, six REACH calls were made. We then conducted a major review on the REACH system, including evaluation of the six REACH calls, plus staff and patient surveys.

What we found based on the six REACH calls:

- Steps to escalating care were not followed: **4**
- Communication-related issues: **5**
- Deterioration (as per observation chart): **0**
- Pain-related issue: **2**

Who initiated the six REACH calls:

- Patient: **3**
- Family, friend or carer: **3**

Results from our staff and patient surveys

What patients said about our escalation of care process:

- 57.89% aware of REACH
- 46.05% identified not following the correct process
- 76.32% not told about REACH when admitted to the ward
- 55.56% knew about REACH after seeing a poster (n=9)
- 78.38% said they would be comfortable activating REACH
- 70.27% stated REACH needed better advertising in the hospitals.

What staff said about our escalation of care process:

- 81.67% aware of REACH
- 56.67% feel more education required
- 57.08% do not feel confident educating patients, family and carers
- 33.9% (weighted average) discuss REACH with patients, family or carers
- 84.17% think REACH needs to be better advertised in the hospitals.

The evaluation highlighted opportunities for improvement, including:

- introduction of a central phone number that can be dialled from any phone, which would mean all inpatients can access REACH
- better advertising of REACH within the hospital
- development of a 'silent system' instead of public announcement, which would allow the patient independent assessment from their local ward and treating team
- review of information templates for documenting REACH calls, which are collected by hospital coordinators
- development of REACH material in the 10 most common languages other than English at Mercy Hospitals Victoria Ltd.

How we involved our Community Advisory Groups

We engaged our Community Advisory Groups (CAGs) at Werribee Mercy Hospital and Mercy Hospital for Women, as well as two National Standards committees. The CAGs helped:

- simplify stages 1, 2 and 3 of our new REACH posters to make them more patient and family-focussed and easier to read
- ensure staff understand and talk to patients about REACH upon admission, and how they can use the process.

Mercy Mental Health

Creating a safe space

Mercy Mental Health has actively participated in the Victorian Government's Safewards trial at the Clare Moore Building in Werribee and the Ursula Frayne Centre in Footscray. The Safewards approach helps staff understand the origins of conflict and provides opportunities for staff and patients to intervene before conflict eventuates and containment is required (such as the use of more restrictive measures like seclusion). The Safewards techniques have supported our units to maintain a calm and therapeutic atmosphere and helped reduce incidents of aggression. Our seclusion rates have trended downwards since the introduction of Safewards, from an average of 16.25 in 2015/16 to 10.25 in 2016/17.

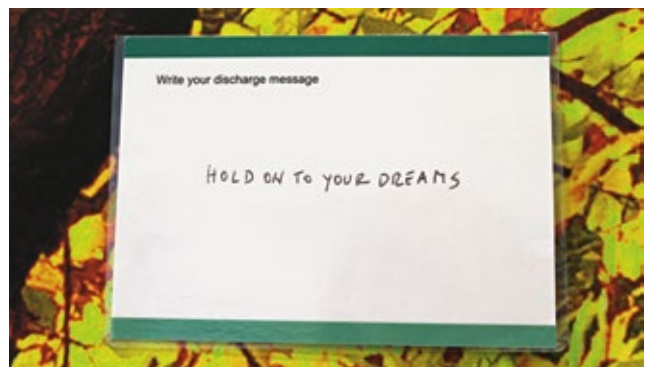
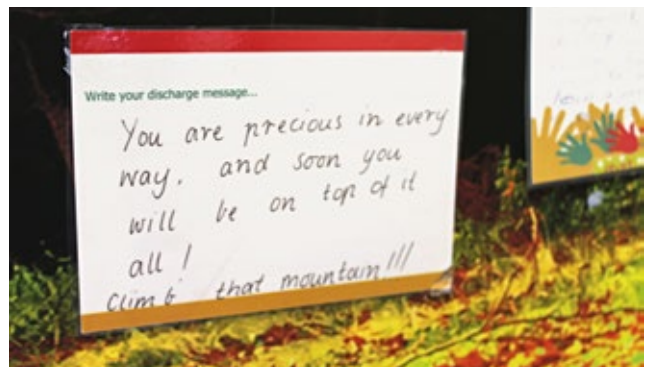
Safewards supports patients to actively participate in their recovery, and to manage their stress and minimise conflict through the use of mindfulness and other sensory modulation techniques. Safewards methods include encouraging staff and patients to engage with each other in positive and respectful ways. Examples include our inpatient unit displaying 'getting to know you' profiles of staff so patients can better engage with their treatment team; staff learning improved ways to manage potential conflict interactions; and patients supporting each other with messages of hope during the hospital journey (see images below).



Godwin Dhlwayo, Acting Nurse Unit Manager and patients' messages of hope

Designing for better outcomes

In addition to Safewards interventions, Mercy Mental Health has designed its new Werribee Mercy Hospital inpatient unit (the Clare Moore Building) to support a patient-centered approach to recovery and safety. The unit is also more able to manage escalation of difficult behaviour because we can separate people at risk of unpredictable behaviour. There are areas throughout the unit where patients can use massage chairs, sit in a sound pod to listen to music of their choice, or participate in the staff-led unit activities program. These design measures help reduce incidents that lead to restrictive intervention or seclusion.



Supporting you now and beyond

Mercy Mental Health is participating in a new initiative across the adult mental health field to introduce post-discharge support including a peer workforce to support the people who access our services. Since the Post-Discharge Support Initiative was introduced in January 2017, Mercy Health post-discharge workers have been in contact 99 times with patients and families. The aim of the initiative is to support patients of our mental health units and their families, as they move from being in a mental health unit back to community living. The peer workers have experienced mental illness or cared for someone with a mental illness. They work with patients and families while the patient is in hospital and provide some immediate follow up after discharge from hospital. This supports patients until they can link in with mental health community workers or their general practitioner. This support will assist people to maintain their recovery and assists in minimising a relapse requiring admission within the first month post discharge. It has helped reduce anxiety and provided reassurance.

Werribee Mercy Hospital's Community Advisory Group for mental health, the Voices of Consumer and Carer Advisory Link (VOCCAL), has continued to provide a channel for the voices of patients and families in 2016/17. Former Mercy Mental Health client and founding VOCCAL member Booma Abdi is a strong advocate of people having a voice in their care. "I feel in mental healthcare especially, the success and/or failure of any service is based upon how much input its consumers have into its day-to-day running," he says.

Involving patients, clients and families

The Mercy Mental Health Community Advisory Group, the Voices of Consumer Carers Alliance Link (VOCCAL), has continued to develop through 2016/17. This group has supported the development of patient, client and family information. They have also participated in annual business planning alongside Mercy Mental Health leadership, as well as reviewing performance and feedback data from those who access our services.



Mental health performance data 2016/17

Key performance indicator	Target	Mercy Health actuals
Percentage of adult inpatients who are re-admitted within 28 days of discharge	14%	15%
Percentage of adult patients who have post-discharge follow-up within seven days	75%	67%
Rate of seclusion events* relating to an adult acute admission	≤15/1,000	10/1,000

*Seclusion of a patient may be required in certain circumstances in which the health and safety of the patient or others are at risk. Seclusion is only considered after all other options are exhausted.

Putting good ideas into practice

The idea	What we did	What clients, family and staff said
Introducing discharge messages	We introduced messages of hope from patients, which are displayed in the unit. The messages are written by an outgoing patient for an incoming patient they have never met. It is a 'pay-it-forward' type of encouragement.	Client: "Seeing a message of hope when you are feeling down-and-out is very reassuring."
Getting to know each other	We displayed staff profiles on a television in a shared space for everyone to see. We used these to facilitate meaningful interaction and show the human side of people in our unit. This helped neutralise some of the power differences between staff and patients.	Relative: "Putting staff profiles for getting to know each other on the TV for everyone to see was a very good idea. Hats off to the person who thought of that. My son has definitely connected with some staff because of this."
Using calming methods	We created a sensory modulation room and introduced calm-down boxes in the unit. These are easily accessible to patients and offer immediate sensory relief and input. They help distract patients in a meaningful way and aid in relaxation.	Staff: "I am always out there now playing with and using the calm-down box with patients. It doesn't just work for patients — it works for me too. Love it."

National Standards: improving our care

The National Safety and Quality Health Service Standards ('National Standards') are used to assess health services across the country in a three-yearly accreditation process. They require each health service to have a minimal set of standards in place to ensure services are providing safe and high-quality care. Here is a snapshot of what we have done across health services in 2016/17 in relation to the clinical National Standards.



Standard 3 – Preventing and controlling healthcare associated infections

This standard ensures we have robust systems in place for screening, recognising and managing infections if they occur.

- Our hand hygiene campaign continues to achieve excellent results. Over 2016/17 we averaged 83.1 per cent compliance with hand hygiene against the state target of 80 per cent. Following a walk-through by our Consumer Advisors, we also introduced additional hand hygiene signage and stations. See page 29 to read about our patient-led handwashing audits.
- We continue to monitor infections and undertake an investigation when one occurs. Our staphylococcus aureus bacteraemia (SAB) rate for 2016/17 was 0.50 per 10,000 occupied bed days which is less than the state average of 0.90 per 10,000 occupied bed days.
- We continue to monitor our neonatal intensive care unit babies for central line-associated bloodstream infections. See the full story on page 32.
- We consider it important that employees at Mercy Health are able to work in a safe environment where the risk of acquiring an infectious disease is reduced. In 2016/17 the employee health influenza vaccination uptake was 77.2% which is above the Department of Health and Human Services target of 75%. The state aggregate is 80.1%.



Standard 4 – Medication safety

This standard ensures we have systems in place for safely prescribing, dispensing, administering and disposing of medications.

- In 2016/17 we conducted a full review of the processes for handling medicines in the Day Chemotherapy Unit at Mercy Hospital for Women. The goal of the project was to ensure the delivery of safe and effective treatment in line with best-practice guidelines, and to optimise the use of resources in the unit. As part of this project we implemented a number of improvements. See page 30 for more information.
- We surveyed patients who used our pharmacy service. The feedback identified opportunities for reducing waiting times for scripts. Changes include the planned installation of a ticketing system with a visual display board in the pharmacy waiting area at Werribee Mercy Hospital.
- We have improved the way we classify and report medication safety incidents, and as a result we have a better system for identifying themes around the specific drugs involved.



Standard 5 – Patient identification and procedure matching

This standard ensures we identify patients correctly through all stages of their journey to ensure we deliver the right care to the right person.

- In response to staff feedback, we launched our new clinical alert form. The new form makes it easier to identify which patients are at potential risk and therefore require a red identification band (as opposed to the usual white identification band).



Standard 6 – Clinical handover

This standard ensures we provide the right information when a patient is being transferred, including when they leave hospital.

- We worked with our Community Advisory Groups to develop new patient information material about clinical handover, including an explanation of what handover is and how patients can be involved.
- We undertook a comprehensive review of all of our clinical handover points within the hospital. This found extremely positive results, with only minor improvements identified and implemented.



Standard 7 – Blood and blood products

This standard ensures that blood, a very precious resource, is safely prescribed and administered to patients, and that we minimise that any wastage.

- We conducted a comprehensive review of our emergency procedures in which a patient may require a significant amount of blood to keep them stable. As a result, we improved communication processes, documentation and staff education. We improved the way we record, capture and follow-up on any pre-transfusion incidents (these are incidents involving blood samples, such as incorrect labelling). Focused education and training has occurred within relevant areas and as a result our pre-transfusion errors have decreased.
- We have continued to work closely with our blood banks to reduce any blood and blood product wastage.



Standard 8 – Preventing and managing pressure injuries

This standard ensures systems are in place to prevent patients from acquiring a pressure injury, and that if one does occur, it is appropriately managed.

- Our Geriatric Evaluation and Management (GEM) ward purchased additional pressure-relieving cushions to ensure there is no wait time for patients who require this important equipment.

- We implemented a meal support initiative across a number of wards using a 'red tray' approach. The red tray identifies patients who require assistance with meals, so staff can ensure the patient's mealtimes are protected from any interruptions.



Standard 9 – Recognising and responding to clinical deterioration in acute healthcare

This standard ensures we have robust processes to recognise if a patient is deteriorating and respond as quickly as possible.

- We launched a new patient and family escalation process across all areas, which is called 'REACH out to us'. This process makes it easier for patients, their families and carers to alert staff if they are worried about a patient's condition. See page 22 for more information.
- We implemented a new observation and response chart, which is a document that staff use to record and track patient observations such as heart rate and blood pressure. This new chart makes it easier for staff to recognise if a patient's condition is worsening, prompting them to call for help earlier.



Standard 10 – Preventing falls and harm from falls

This standard ensures systems are in place to prevent patients from falling, and that if a fall does occur, it is quickly and appropriately managed.

- We implemented a comprehensive approach to assess and manage patients with delirium, which is a condition that most commonly causes confusion and agitation and can lead to an increased risk of falls for the patient. See page 31 for more information.
- We conducted a walk-around in all clinical areas to check the integrity of our falls prevention equipment. From this we also developed an inventory of all falls prevention equipment so staff know how to easily and readily access what they need for their patients.

National Standards: case studies



Mercy Health aims to keep all babies safe and happy, like baby Ivy Velkov pictured here asleep in her cot

Keeping babies safe from falls

Newborn falls typically involve a newborn baby falling from a parent's chair or bed during or after breastfeeding or while settling the baby. These incidents usually involve maternal exhaustion. Mercy Health has implemented a 'target zero' approach to newborn falls.

The establishment of a working party in March 2017 to combat baby falls at Mercy Hospital for Women has resulted in a number of improvements designed to better protect families in our care. The Baby Falls Working Party includes Antenatal and Postnatal Ward staff, management, paediatricians, childbirth educators and lactation consultants. The working party was established because our Victorian Health Incident Management System (VHIMS) data indicated a clear trend of baby falls increasing. We recorded four falls over the space of six months in 2016; in 2017, it took just two months to reach that figure.

The first step was to seek direct feedback from families. Following a baby fall incident, we surveyed all patients on the ward about their knowledge of falls risk. Many said they were unaware of the risk.

Many improvements have taken place since the development of the Baby Falls Working Party, including:

- education of families before birth on the risk of baby falls, during childbirth education classes and antenatal visits
- education provided by staff on the ward after birth, especially on the second or third day when the risk is higher (our VHIMS statistics indicated all but one of the baby falls occurred between 3–9am and all falls were on the second or third day after birth)
- signage in each room making patients and visitors aware of the risk
- implementation of Quiet Time each afternoon. This is a dedicated time for women and babies to rest, which in turn reduces the risk of baby falls overnight because mothers are more rested
- the purchase of fold-out couches for all single rooms on the postnatal floor and birthing suites. This enables a support person to stay overnight with the mother and baby, and help care for the baby if the mother is fatigued. This was also in response to feedback that more women wanted their partners to stay in hospital with them following the birth.

Patients leading the way

Werribee Mercy Hospital's Emergency Department received valuable feedback from a patient-led handwashing audit.

Hospitals regularly conduct handwashing audits, which involve a staff member noting down when handwashing does or doesn't occur. For the first time, we designed a handwashing audit led by patients and families, consisting of a patient handout that explained the process and a simple tick list with clipboards and pens. Patient and family involvement was voluntary and the audit was conducted

during all shifts in May 2017. Staff audited included nursing, medical, allied health and patient assistants. The audit helped raise awareness of the importance of hand hygiene and staff compliance.

Due to the success of the initial audit, the department plans to repeat this patient-led process every four months.

What you observed

Audit results for the first week of the audit showed:

Week 1: May 9-15 Completed surveys = 81	Nurse		Doctor		Unsure	
	Yes	No	Yes	No	Yes	No
Did you see your nurse or doctor clean their hands before touching you?	132	1 1%	52	3 5%	1	4 80%
Did you see your nurse or doctor clean their hand before a procedure, for example taking blood tests?	106	1 1%	46	2 4%	1	4 80%
Did you see your nurse or doctor wash their hands after caring for you?	109	0 0%	44	1 2%	5	5 50%
Did you see your nurse or doctor use gloves when exposed to bodily fluid?	101	0 0%	42	4 9%	0	4 100%

“Handwashing hygiene is always important”

– Patient

“Hygienic practices are essential and should never be compromised”

– Patient



Proper hand hygiene can help reduce the spread of infections. We encourage patients and visitors to use the antiseptic hand rub available around our facilities. Staff must wash their hands or use hand rub before making contact with patients. If you haven't seen a staff member wash their hands, it is OK to ask.

Reviewing medication safety



Chloe Whatley in the Mercy Hospital for Women pharmacy

As chemotherapy medicines are considered high-risk at Mercy Health, it is important that the risks associated with their use are reviewed regularly. Ensuring this occurs is one of the roles of the Medication Safety Committee.

In 2016/17, Mercy Hospital for Women conducted a full review of the processes for handling medicines in the Day Chemotherapy Unit. The goal of the project was to ensure the delivery of safe and effective treatment, in line with best practice guidelines, and to optimise the use of resources in the unit.

As part of the review, a multidisciplinary team considered:

- the process for chemotherapy ordering using paper-based medication charts
- the checking processes for chemotherapy orders (including prescriber, nurse and pharmacist checks)
- issues surrounding workflow and time pressures
- the safest way to transport chemotherapy medicines between locations.

As a result of this review, new chemotherapy medication charts were designed, trialled and implemented. These medication charts guide safe prescribing practice and assist nursing and pharmacy staff to check chemotherapy orders before they are given to patients. Additionally, we reduced the number of steps involved in ordering chemotherapy.

Launching our first delirium guidelines

Delirium is the most common complication of hospital admissions in older people and is a major risk factor for prolonged length of stay, decline in function, long-term poor outcomes and admission to long-term care. Delirium can often lead to other complications such as falls, pressure injuries and poor nutrition.

Delirium is a state of confusion. It is a sudden change in a person's ability to think clearly and pay attention. It can come on with a medical condition in hours or days but usually clears up within days or weeks. Early identification, diagnosis, prevention, treatment and management of delirium may reduce the duration of delirium and improve the outcome for the person.

The signs of delirium are:

- change in personality
- decreased awareness of self and environment
- confusion, agitation, feeling frightened
- hallucinations or being worried that people are trying to harm them
- mood changes that worsen during the evening hours.

Following many months of work, the Werribee Mercy Hospital Delirium Working Group launched the Delirium Guidelines in June 2017. The guidelines are designed to provide tools for staff to screen, assess, identify the risk for delirium, treat the causes and manage the wellbeing of the patient from an early stage.

The Delirium Guidelines launch included education sessions for clinical staff in the use of the tools; engagement with the people who access our services on information materials for families or carers of people with delirium; and resource folders for work areas to support them in caring for people with delirium.

The Delirium Guidelines include information on the role of families and carers in supporting someone with delirium with simple 'How can you help' tips in the information material. This is an exciting new initiative that will improve recognition and management of a very common occurrence in our ageing population and subsequently result in improved patient outcomes.



Brian Howard and Registered Nurse Laura Hull demonstrate diversional activities that can help reduce the impact of delirium

Preventing infections in premature babies

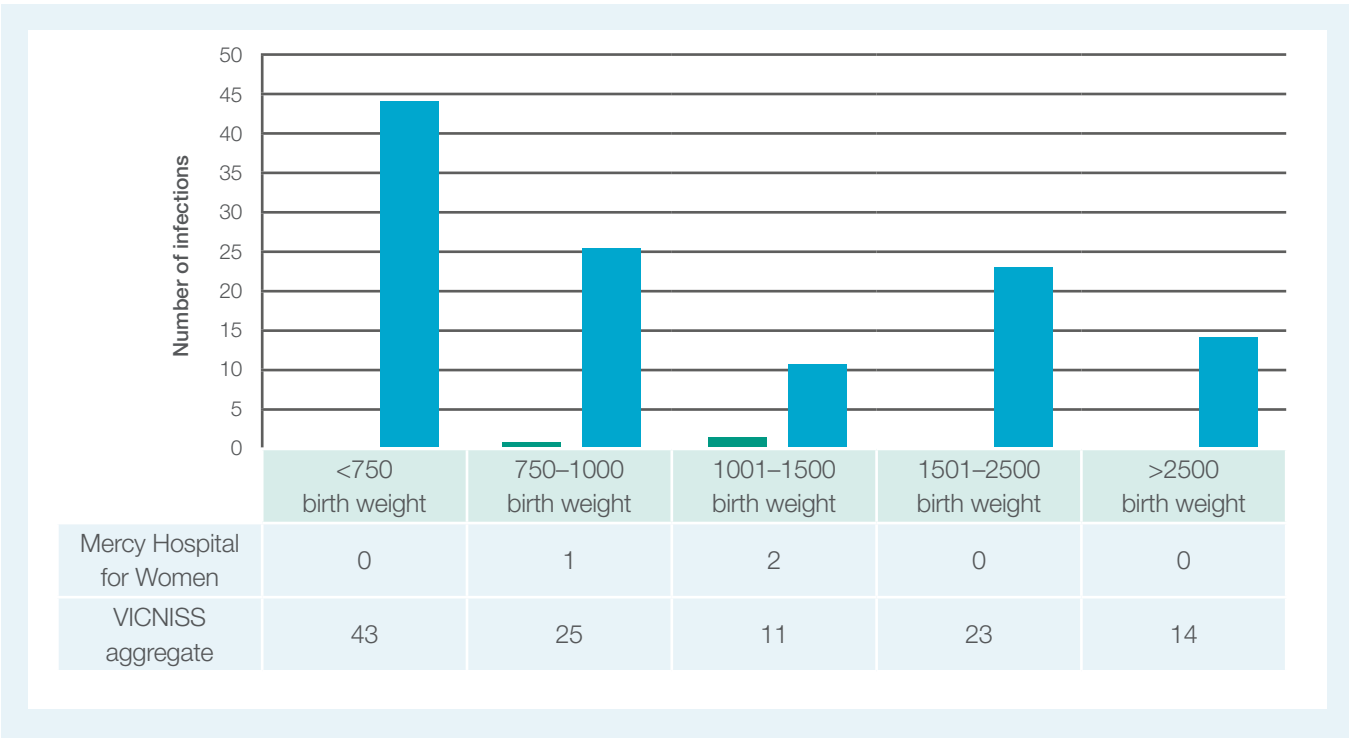
Very small premature babies need to be fed by a line that goes directly into a major vein because they cannot swallow milk or feed effectively from their mother's breast. The infection control team monitors and investigates if any bloodstream infections may be attributed to the line being in place. We observe insertion practices to make sure the line is inserted under sterile conditions. We observe and record handwashing time; the type of skin disinfectant used to clean the baby's skin; and that the person undertaking the procedure is wearing full protective clothing (a cap, mask, sterile gown and gloves). If a breach is noted, the procedure is stopped.

In July 2016, Mercy Hospital for Women introduced a type of valve on all intravenous lines (lines inserted into veins). The valve has several features that support the effective prevention of infections. It is designed to reduce the likelihood of clots forming in the tube or germs growing in trapped fluid. The valve itself is also completely flat, so it can be properly disinfected.

As well as introducing this new valve, nursery staff are now using a special disinfectant wipe on the intravenous lines as per their hygiene training.

Bloodstream infections are reviewed monthly. Infections may have been caused by something else; this is determined by reviewing the baby's medical record to see if they had a central line in place and if they had symptoms consistent with infection. Mercy Hospital for Women benchmarks against other neonatal intensive care units in Victoria via the Victorian Healthcare Associated Infection Surveillance System (VICNISS). In 2016/17 we performed well, with three infections in total which compared positively against the Victorian aggregate (which includes the state's four neonatal intensive care units). Mercy Hospital for Women continues to work hard to ensure that premature babies are given the best possible care.

Central line associated bloodstream infections 2016/17



This graph shows the raw number of bloodstream infections that have occurred while the baby had a central line in place. Our rate is compared to the Victorian aggregate, which includes figures from the state's four neonatal intensive care units.



You can help keep our vulnerable patients safe by following good hygiene practices. This includes washing your hands, using the antibacterial hand rub available throughout the hospital and asking visitors to stay away if they are unwell.



Baby Archie Cooper Hay in Mercy Hospital for Women's Special Care Nursery

“ Laura Hay, mother of baby Archie Cooper Hay, says the care provided in Mercy Hospital for Women's Special Care Nursery is “exceptional”.

“I couldn't feel like I was in better hands,” Laura says. “I can even go home at night confident that Archie is safe. The safety valve is a great idea. The care here is truly different. ”

Transitions and closing chapters



Christian nursing his new daughter Sienna at Mercy Hospital for Women

From hospital to home: making the path smoother

Leaving hospital to go home or to another healthcare provider should be straightforward — even exciting. However, we know this discharge process can sometimes be challenging or overwhelming. That is why we are focused on improving this important transition period, which is key to your ongoing recovery.

To improve the discharge process from hospital to home the Department of Health and Human Services established the Transition Care Index, which is part of the Victorian Healthcare Experience Survey (see pages 14–15).

The index tracks how hospitals and health services are performing against four questions on patient discharge. The index is shown below with the four questions that contribute to it.

Question	Mercy Health hospitals
Before you left hospital did the doctors and nurses give you sufficient information about managing your health and care at home?	73.85%
Did hospital staff take your family or home situation into account when planning your discharge?	70.88%
Thinking about when you left hospital, were adequate arrangements made by the hospital for any services you needed? (For example transport, meals, mobility aids)	65.58%
If follow-up with your general practitioner was required, was he or she given all the necessary information about the treatment or advice that you received while in hospital?	89.36%
Overall score in Transition Care Index (target = 75%, state average = 75.8%)	74.92%

Managing discharge

As part of the Better Care Victoria Emergency Department Collaborative, the Werribee Mercy Hospital program Better Care Transitions has commenced a review of the process of discharging patients from hospital.

We have taken a multidisciplinary approach to reviewing processes throughout a patient's stay that may be improved to positively impact on the patient and staff experience on day of discharge. The aim of the Better Care Transitions program is to improve timeliness of care and improve efficiency of patient flow throughout the hospital.

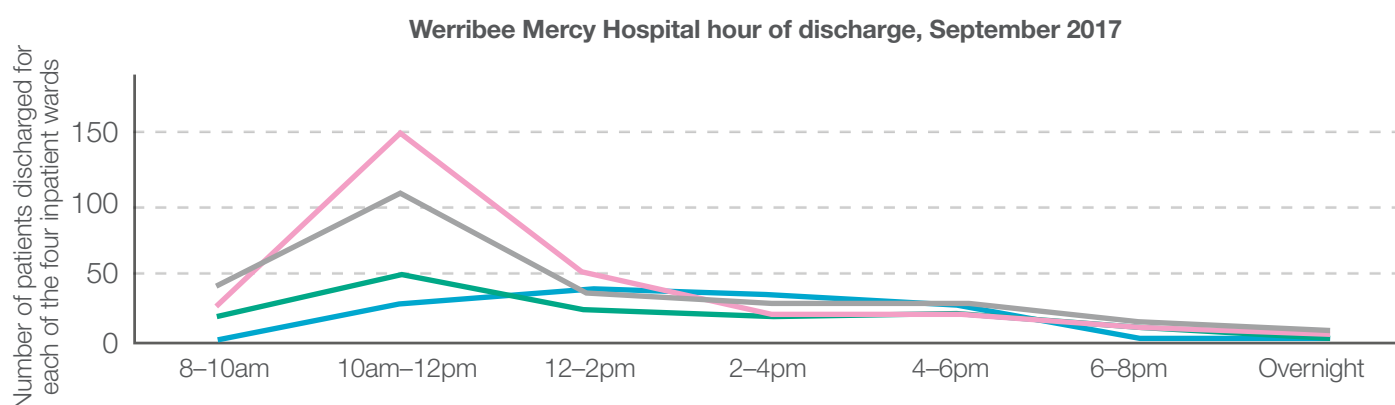
Our team hoped to achieve this by reinforcing the importance of the patient and family contribution in forming a meaningful discharge plan. We also implemented some new communication strategies and meeting times that give the team a chance to put in place all measures required by individual patients so they can be discharged safely and efficiently.

The focus on discharge came about due to a low number of discharges occurring within the expected timeframe. This delay was impacting on hospital flow and ultimately patient experience. The gold-standard time for patient discharge in many hospitals is set at 10am. Whilst there is no evidence-based reasoning for this, it is modelled on the

idea that a 10am discharge allows consultant review and preparation of patients for discharge thereby making beds available for admissions.

The review undertaken by the Better Care Transitions program showed us the highest demand for admissions to inpatient beds at Werribee Mercy Hospital was from early afternoon. Our data collection also showed us that often more than 50 per cent of discharges were occurring after 2pm. As part of a planned project, the team has implemented initial strategies to help prepare patients for earlier discharge.

Following implementation of our improvement strategies we compared data with the same time last year and have seen a 36.1 per cent increase in the number of patients discharged before 2pm from our medical wards. With the planned ongoing improvements in this project and sustainable change it is expected to see further improvements in the number of patients discharged by the target time of 10am.



This graph describes the hour of discharge from Werribee Mercy Hospital inpatient wards in September 2017. The graph shows positive results, with most wards peaking before 12pm.

Bonding with baby sooner



Breastfeeding midwife assisting mother Brie Jowett with the early feed of her baby

The time between a caesarean section delivery and a baby's first feed is critical. Studies show that early skin-to-skin contact between a mother and her baby is important, and an at-risk baby needs to be breastfed within the first hour of its life. Without this, at-risk babies struggle to sustain their core temperature and maintain healthy blood sugar levels, resulting in admission to a special care nursery.

To improve breastfeeding rates after caesarean section, Mercy Hospital for Women has introduced a dedicated breastfeeding midwife. Previously after a caesarean section, the baby and support person were generally transferred to the postnatal ward while the mother was cared for in recovery. The delay in returning the patient to the ward for the baby's first feed was often one to two hours.

Through general feedback and a questionnaire for patients, women having an elective caesarean section told us their number one priority was skin-to-skin contact and an opportunity to breastfeed in recovery.

“I love working as the breastfeeding midwife. It's so satisfying to be able to see mothers bond with their babies at such a critical time.”

— Staff member

“I know having baby with me in recovery prevented my baby needing to go the nursery because of low blood sugars. I was able to keep him warm and feed much earlier than last time.”

— Mother-of-two

“After extensive preparation and planning, we trialled a breastfeeding midwife to work in recovery,” Caesarean Section Midwife Carly Feben explains. “The caesarean section midwife now hands the baby over to the breastfeeding midwife after the procedure.”

“The breastfeeding midwife assists with newborn observations and appropriate paediatric follow-up. They take the baby to recovery to resume skin-to-skin contact with the mother and offer the mother the chance to give an early breastfeed,” Carly says.

While many Victorian hospitals offer breastfeeding in recovery, Mercy Hospital for Women is the first to offer a dedicated breastfeeding midwife. The number of women breastfeeding has increased at Mercy Hospital for Women. Previously, one third of mothers were offered the opportunity to breastfeed in recovery. Now, about 94 per cent of women are offered the opportunity. This has increased patient satisfaction, with patients reporting how much better it has been to have their baby with them in recovery which allows them to bond.



End-of-life care for babies

Mercy Hospital for Women provides a level 6 newborn service, which means we care for some of Victoria's most unwell and at-risk babies. While we do our best to make sure every baby goes home with their parents, tragically, some babies do not survive.

The decision to withdraw intensive care treatment or redirect care to palliative measures is a very difficult and challenging decision. It is made by parents, doctors and nursing teams together. Parents are offered a second opinion from our medical team or another level 6 neonatal intensive care unit. Generally, we have time to plan the redirection of care.

In some cases, redirection of care happens more quickly. Either way, we strive to deliver the best care through this difficult time.

When a baby dies, the allied health team supports parents to create memories of their baby. This may include photographs, a baby bath, hand and footprints, extended family visiting and time with their baby, for which we supply refrigerated 'cuddle cots' for the deceased child. We do whatever is in the best interests of the baby and their family to ensure their needs are met, taking into account religious, spiritual, cultural and other family rituals. Each situation is individual, but we strive to make this time as meaningful as possible.

Supporting families through end-of-life

Mercy Palliative Care serves people in hospitals, aged care homes and the wider community. In 2016/17 we cared for 2,764 patients, compared to 2,677 in 2015/16. Over a year, our community referrals increased from 1,917 to 1,969. We seek to ensure patients and families are supported by our holistic approach to care, 24 hours a day, seven days a week.

In 2016/17, we improved our care by:

- providing palliative care training and workshops for staff
- developing an organisation-wide policy for end-of-life care
- planning to extend our services in growing suburbs such as Werribee and Melton
- expanding Mercy Health Foundation's Urgent Need Appeal to help more people experiencing financial duress due to terminal illness.



Kapila Devi, who was cared for by Mercy Palliative Care

Kapila's story

Passionate cook Kapila Devi savoured every bittersweet moment of her life. The Fijian woman was diagnosed with terminal bile duct cancer and admitted to Mercy Palliative Care in December 2016. Instead of slowing down, she used the time to write a cookbook, capturing her love of food and hospitality.

Though just 51 when she passed away, Kapila's zest for life — and Indian cuisine — lives on through the traditional recipes and inspirational quotes in her book.

Mercy Health Foundation's Urgent Need Appeal, which supports people facing hardship due to terminal illness, funded about 50 copies of the book for Kapila's family and friends.

Kapila's husband Vinod says the Advance Care Plan enabled his wife to articulate her end-of-life wishes.

These included a funeral not purely based in her Hindu faith, and dying close to friends and colleagues at Melbourne's Peter MacCallum Cancer Centre where she worked in catering.

"This detail in the Advance Care Plan was very helpful in assisting Kapila's husband to ensure that her wishes were communicated to extended family," says Mercy Health Community Development Worker Ros Vincent, who suggested Kapila write the cookbook.

In her final months, the much-loved Fijian spent many happy hours at Mercy Health and Western Health's Wellcare Program, a day hospice focusing on quality of life through social interaction. There, she initiated a cooking class and launched her recipe book, surrounded by the warmth of loved ones who are forever reminded of her vibrant and generous nature.

How an Advance Care Plan can help

An Advance Care Plan ensures a person's wishes about future care are conveyed to family and clinical teams if they are no longer able to communicate or lack capacity to make their own decisions. It helps families and treating medical teams understand what is important to a person in their care, including their spiritual and cultural aspirations.

At Mercy Health, we invite our patients, clients and residents to discuss and write down how they would like to be treated, cared for and farewelled if they can no longer communicate or if their health deteriorates. This can also be done through a nominated decision maker. Mercy Health has implemented an Advance Care Plan Policy and Procedure and we provide extensive staff training.



Sarah*'s story

Facing end-of-life decisions can be a frightening and lonely experience. At Mercy Health, patients are constantly reassured and supported through this difficult time through our advance care planning processes.

Sarah* and her family felt cared for and comforted in her final months thanks, in part, to her Advance Care Plan. When she was diagnosed with advanced ovarian cancer at Mercy Hospital for Women, her wishes were fully acknowledged.

Aged just 60, Sarah wanted to live life to the full for as long as possible so she received three cycles of chemotherapy until treatment was no longer effective. During subsequent hospital appointments, Sarah reviewed her Advance Care Plan with staff and family members so everyone was clear

about her end-of-life choices. These included the desire to be cared for at home with comfort measures rather than invasive interventions. She also appointed a medical power of attorney to make decisions about further treatment on her behalf should she become incommunicative.

When Sarah passed away at home, her family drew solace from knowing she had a final say in her closing chapter, says Kerrie Johns, Advance Care Planning Project Manager.

"Offering our patients the opportunity to engage in advance care planning is partnering in their care and ensuring that wishes are known, respected and, if possible, followed," explains Kerrie.

* Name has been changed.

If you or a loved one needs crisis support, please phone Lifeline's 24-hour service on 13 11 14.



Do you have an Advance Care Plan? Speak to your general practitioner or one of our trained staff members about how to set up your plan today.

Your voices matter

In the spotlight: Danny Elbaum

As a Mercy Health Consumer Advisor, Danny Elbaum is happy to continue the generous care and community spirit handed down by his much-loved grandfather.

“My grandfather was all about caring for people. He was originally from eastern Europe and when he arrived in Australia after going through the war years he was very focused on caring for others and building a community,” says Danny.

A former accountant turned ambulance paramedic, Danny now feels he can fulfil his grandfather's legacy by helping people in their critical time of need.

“Being an ambulance paramedic, I am always trying to get the patient's perspective. Sometimes, in a clinical environment, it can be easy to forget there is a person on the other side,” says Danny.

This desire to ensure patients feel safe, are well informed and receive the highest standards of medical care, led Danny to volunteer as a Consumer Advisor on Mercy Health's Health Services Clinical Governance Committee two years ago.

“I know consumers struggle with many aspects of the healthcare system, like medical jargon, and understanding some procedures can be confusing for them,” says Danny, who has 20 years' experience in healthcare.

The committee aims to ensure the voices of our patients, clients and their families are heard at all levels. It reviews clinical performance reports and consumer feedback and advocates for patient safety to achieve the best possible treatments and outcomes.

Through his grandfather, Danny knows what it is like to come to a foreign country where aspects of healthcare can be confusing. “Sometimes, from a cultural perspective, people do not question medical authority — so the doctor becomes the centre of the process, not the patient,” explains Danny.

“I wanted to be involved in an organisation with values similar to mine. It is the Mercy Health values of respect and compassion that resonate with me and working hard to be patient-centred is what they are about.”



Become a Consumer Advisor

If you would like to learn more about becoming a Consumer Advisor please contact us on getinvolved@mercy.com.au call us on 03 8416 7872 or visit our website at health-services.mercy.com.au

Mercy Health staff: our people's voices matter

Taking care of our staff is an important step in providing quality healthcare for others. At Mercy Health, staff can provide feedback on their workplace and the care they provide through the annual People Matter Survey. In October 2016, 1,254 staff participated in our People Matter Survey — and 98 per cent agreed with the statement 'I believe the work I do is important'. However, we acknowledge there is more work to do in some areas, such as training, where results were low not only for us but also our peers.

74% agreed

Patient care errors are handled appropriately in my work area

58% agreed

This health service does a good job of training new and existing staff

83% agreed

I am encouraged by my colleagues to report any patient safety concerns I may have

65% agreed

The culture in my work area makes it easy to learn from the errors of others

62% agreed

Trainees in my discipline are adequately supervised

74% agreed

My suggestions about patient safety would be acted upon if I expressed them to my manager

71% agreed

Management is driving us to be a safety-centred organisation

74% agreed

I would recommend a friend or relative to be treated as a patient here

How we are using this feedback

This feedback was consistent with the overall themes which emphasised that communication and initiatives that promote a positive workplace culture are important to our people. Our scores in training, supervision and culture, while lower than we would like, were similar across the health sector.

Action plans developed in response to the results of the People Matter Survey included pre-populated strategic initiatives with regards to communication, feedback and recognition and leading change. We have collaborated with our Employee Assistance Program provider, Converge International, to deliver a range of training sessions in

relation to these themes. The introduction of pulse surveys in 2017 will also provide valuable feedback on workplace challenges and opportunities.

Managers were then provided with assistance to use the department results to start a conversation with their team and involve their employees in delivering on action plans, making Mercy Health Services a truly great place to work.

Mercy Health fact

The response rate to our October 2016 People Matter Survey was 51 per cent, up from 44 per cent in 2015 and higher than the state average of 34 per cent.

Caring for the caregivers

In 2016/17, Mercy Health further developed its organisational response to the critical workplace issues of bullying and harassment. Our response includes the development and delivery of an action plan focused on education and awareness, and the rollout of WorkSafe Victoria's Stresswise program across various departments. Our response is monitored by the Board Quality Committee, which reviews our activities twice a year.

The 2016 Victorian Auditor-General's report, *Bullying and Harassment in the Health Sector*, indicated that while the prevalence of bullying and harassment in the sector is not conclusively known, research shows it is widespread and under-reported. This reflects a need for ongoing evaluation and interventions that address the causes of bullying and harassment rather than a single 'silver bullet' solution.

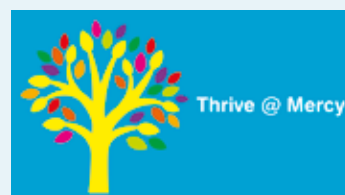
Staff engagement is one aspect of Mercy Health's response to the prevention of bullying and harassment. Staff engagement is a key ingredient in organisational culture, which also includes professional conduct; accountability; positive relationships; and a willingness to learn and improve. Feedback from our 2016 People Matter Survey suggested we could increase staff engagement through communication; feedback and recognition; and leading change.

In 2016/17, Mercy Health redesigned our Prevention of Bullying and Harassment training with a stronger focus on causal factors. These new sessions are offered monthly to all employees, with managers required to attend annually. The snack sessions include additional training on leading change and building resilience. All staff must also complete an annual online module on bullying and harassment. Further to this, Mercy Health engaged external consultants, the Leadership Sphere, to facilitate 'building positive culture' workshops. The interactive workshops supported managers to develop simple strategies to enhance team culture at a local level.



Did you know?

Thrive @ Mercy is our employee online health and wellbeing hub designed to enhance awareness and knowledge of health and wellbeing and its importance. Since launching in late 2016, Thrive @ Mercy has achieved well over 5,000 clicks and was recognised as a finalist in the Australian HR Awards Best Health & Wellbeing Program Award.



Werribee Mercy Hospital Geriatric and Evaluation Management nurse Trisha Patten

Expanding our Stresswise program

A program introduced to address workplace stress showed such great results that we expanded it to other departments in 2016/17.



L-R Linda Ballis, Catherine Feltham, Tanya Smorovska, Kathleen Jackson, Adj Prof Linda Mellors, Amanda Farrell, Eloise Hecker, Jemima Cummings, Monica Owlad and Danielle Storer

WorkSafe Victoria's Stresswise program aims to proactively address the causes of workplace stress, including bullying and harassment. It is a collaborative process that gives individuals and teams an opportunity to understand and address issues that impact on employee health and wellbeing, as well as the group's capacity to achieve its objectives.

Health Services piloted Stresswise in early 2016. Feedback received through employee engagement surveys, staff exit surveys and group engagement resulted in a commitment to build on the success of the pilot program. In mid-2017, we expanded the Stresswise program to include about 250 nursing and midwifery employees.

At the end of the Stresswise pilot, we surveyed participants and discovered the following significant changes since the program began:

- Respondents rated 'respectful communication' as their most improved outcome at the conclusion of the trial.
- Key areas of improvement included 'alignment of leaders' and 'making new staff feel welcome'.

The program and survey have continued to trigger useful discussions and self-reflection for both leaders and staff. The pilot group has committed to continuing practices for better workplace conversations, and managers will regularly review performance, behaviour and workload.



Did you know?

Following the recommendations of the 2016 Victorian Royal Commission into Family Violence, Mercy Health extended the provision of family violence leave and other support mechanisms to all employees in March 2017. This goes beyond the requirements of extending leave only to those employees covered by a Victorian Enterprise Agreement.

“Sadly the world is getting more aggressive and we need to empower our staff with the appropriate tools to de-escalate a situation before it could turn potentially violent” – Group Occupational Violence & Aggression Manager April Scott

Ending occupational violence

Up to 95 per cent of Victorian healthcare workers have experienced verbal or physical aggression or violence in the workplace. Workers are regularly confronted with violence and aggression from patients, family, friends or even bystanders. Mercy Health is joining a campaign to put an end to occupational violence.

To raise awareness of this growing problem, WorkSafe Victoria and the Department of Health and Human Services launched an occupational violence campaign called ‘It’s never OK’. Mercy Health has embraced this campaign by displaying the supplied posters in our hospitals to increase awareness of occupational violence and continue the conversation with staff, patients and visitors that ‘It’s never OK’.

Occupational violence can be defined as any incident in which a person is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment. Repeated exposure can have a cumulative and significant ongoing effect on a person’s wellbeing.

Occupational violence includes verbal, physical or psychological abuse; threats or intimidating behaviours, including written (including social media) and by phone; and intentional physical attacks, including hitting, pinching, biting, scratching or spitting.

To combat occupational violence, we have:

- appointed a full-time occupational violence and Aggression (OVA) Manager
- developed a risk-based approach to dealing with OVA
- developed an OVA framework based on WorkSafe Victoria’s guidelines
- continued to apply our Occupational Violence policy and procedures, including Code Grey and Code Black responses
- continued to serve ‘not welcome’ notices after Occupational Violence incidents
- given sites and divisions a risk rating based on previous incidents and jobs undertaken. High-risk areas will have annual training; medium and low-risk areas will have training every two years unless requested more often
- developed aggression management training to complement our PIVOT training, which continues to be offered to our mental health and Emergency Department staff. The two-hour aggression management training sessions aim to empower staff when they are faced with an aggressive situation.



Clare Grieveson, Group Executive Director, Quality, Risk and Service Improvement and April Scott, Group Occupational Violence and Aggression Manager

Did you know?



Since partnering with a new Employee Assistance Program provider in October 2016, our people are engaging with the service in a more holistic and proactive manner. Going beyond a traditional counselling service, our employees have access to qualified nutritionists, financial counsellors, career planning services and much more. These services are completely confidential and funded by Mercy Health.

What are we doing



Mercy Health was thrilled to receive \$212,000 funding in Round 2 of the Department of Health and Human Services’ Health Service Violence Prevention Program. The funding is supporting a project in the Werribee Mercy Hospital Emergency Department to reconfigure the triage area and security office to improve staff visibility into the entire waiting area. Patient and staff safety is always our highest priority, and this project will result in improved safety and enhanced experience for our patients, visitors and staff.

There were almost 38,000 presentations to the Werribee Mercy Hospital Emergency Department in 2016/17 — almost 3,000 more than the previous year. Our staff provide excellent care in a very busy Emergency Department and we look forward to completion of this project in late 2017 or early 2018.

Where to find us

Health Services

Victoria

Mercy Hospital for Women, Heidelberg: 03 8458 4444

**Mercy Health O'Connell Family Centre,
Canterbury:** 03 8416 7600

**Mercy Mental Health, Saltwater Clinic,
Footscray:** 03 9928 7444

Mercy Palliative Care: 03 9313 5700

Mercy Grief Services: 03 9313 5700

Werribee Mercy Hospital, Werribee: 03 8754 3000

Support and administrative services

Mercy Health: 03 8416 7777

Careers

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

Help us shape our care

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



BECOME A MERCY HEALTH CONSUMER ADVISOR

Email getinvolved@mercy.com.au or call 03 8416 7872



SEND YOUR STORY TO

story@mercy.com.au



VISIT OUR WEBSITE AT

health-services.mercyhealth.com.au



VISIT US ON FACEBOOK AT

Facebook.com/MercyHealthAus



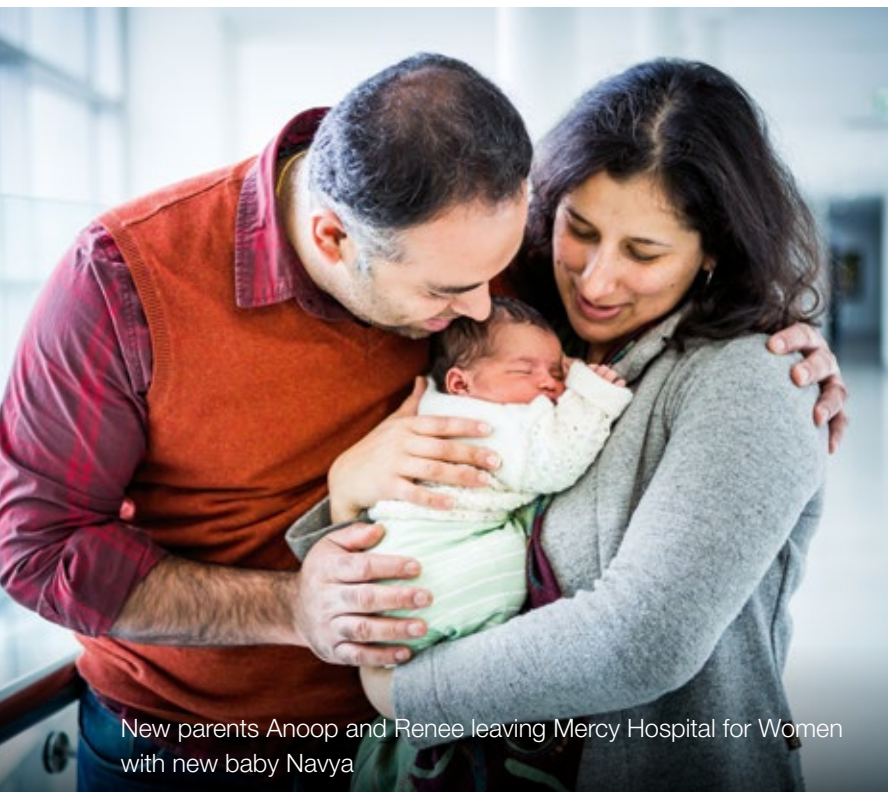
EMAIL YOUR FEEDBACK TO

feedback@mercy.com.au



CALL US ON

03 8416 7777



New parents Anoop and Renee leaving Mercy Hospital for Women with new baby Navya



Mustafa and baby Eamon at Mercy Hospital for Women



Mercy Mental Health nurse Munira Said at our Community Care Units in Werribee



Trang and baby Lee at Werribee Mercy Hospital



Saltwater Clinic Enhanced Recovery Clinician
Daniel Thompson



Werribee Mercy Hospital Geriatric and Evaluation
Management nurse Trisha Patten with patient James

communicating about safety and quality measurement reports
safe care clinical performance indicators
management policy complaints
investigation patient identification improved information flow
medical safety better care
audits sentinel events
performance assessment strategic
are effective and
ing appropriate care
performance indicators a
ement policy complaints
voice investigation
improved
g a
ro
r
s
ou
ing
incident
events c
independ
clinical leadership sharing best
evidence communicating about safety
performance outcomes monitoring sentinel



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



Mercy Health
Care first

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