

# Our Voice



Mercy Health  
Care first

THE GROUPWIDE NEWSLETTER OF MERCY HEALTH  
SUMMER 2015



## Family connections

Welcoming our young Aboriginal families to better health

## Going wild in the waiting room

A talented nurse and a generous grant brighten the lives of our youngest emergency patients

## Home for Christmas

Around Australia, residents and staff of our aged care homes are preparing for the festive season





# Going wild in the waiting room

Emergency departments can be frightening for adults, let alone for children. One dedicated nurse at Werribee Mercy Hospital's Emergency Department (ED) has used her talents – and a generous grant – to transform cold white walls into a vibrant jungle.



“

The waiting room now reflects a place that is not sterile and scary for kids”

Elephants lumber through the tundra, a cheetah dozes in a tree, while other exotic creatures slink into the undergrowth — all just metres from the heart of Werribee Mercy Hospital's busy ED.

The jungle mural was a labour of love for nurse Lauren McDonnell, giving her a rare chance to combine her passion for emergency care with an equally avid love of illustration.

“I began drawing about three years ago. After swapping back and forth from day to night shifts I was a really poor sleeper,” Lauren explains. “So I’d wake up in the middle of the night and start drawing. I was

interested in art in high school, but I’m completely self-taught. My manager Lynn O’Neill knew about my art so she asked me if I’d like to do the murals — she’s been so supportive.”

“We had been given a generous donation from Carlisle Homes to upgrade our paediatric waiting room,” Lynn says. “Lauren has done a fantastic job and the feedback from patients, relatives and staff has been very positive.”

The generous grant recognises that creating a welcoming environment for children, who are often in significant distress when they present to ED, can temper their pain and fear

and offers parents a tool with which to comfort and distract them.

“It’s always nice to try to get the child excited about being in hospital rather than daunted,” Lauren says. “There were just plain white walls before so this gives the children something bright and inviting to focus on. When they come to the front desk we can say ‘have a look around the jungle room and see what you can find’ — just to make it more enjoyable experience. It also gives parents something they can make a few games with, to pass the time more easily.”

“It’s made a massive difference; I’ve loved being able to ask the

kids if they enjoyed it, what was their favourite animal, then tell them it was me who painted it! Seeing them smile is pretty special.”

The mural also makes for a more enjoyable workplace, with the entire ED care team invited to choose the theme. “I asked staff what they’d like to see, if they wanted a theme or a group of random images and the majority liked the jungle concept, because it’s appealing to both boys and girls,” Lauren confirms. “Everyone has commented on how much more cheerful the room looks.”

This was a team effort with Lauren at the forefront,

Lynn confirms. “The waiting room is no longer sterile and scary for kids; it’s interactive, encouraging them to find and name the animals.”

Inspired by the warm reception of her work, Lauren has enrolled in a graphic design course by correspondence and hopes she can apply her skills to other areas that could benefit from a little colour.

“We’ve got a resuscitation bay where paediatric patients go, especially infants, so we might paint a mural in there too,” Lauren says. “I’d love to be a part of any project, really. I’ve absolutely loved doing this one; it’s been such

a good experience. I normally just draw at home on an A4 piece of paper so I never expected the mural to turn out so well.

“I’d like to say a very, very big thank you to Carlisle Homes for the opportunity to make our ED brighter and happier for the children when they come in, and for allowing one of our own staff members to have free rein to be creative.”





# Marking a major milestone at Mercy Health *Albury*

On a sunny day in October, Mercy Health Albury marked 70 years since four enterprising Sisters of Mercy travelled from Young to Albury to establish a Catholic hospital.

Dozens of people, including Mercy Health executives, gathered on the Mercy Health Albury lawn for anniversary celebrations that included a community forum and the unveiling of a new memorial garden.

"It was great to see so much support for Mercy Health Albury and it was a wonderful opportunity to reflect on our history," Mercy Health Albury Operations Manager Christine Arnold says. "We will be forever grateful that the Sisters of Mercy laid the foundations we are standing on now."

In May 1945, four Goulburn Congregation Sisters rented a small private hospital known as 'Chelvey' on Olive Street, and immediately began planning for a new hospital on the current Poole Street site. Documents from the time

show how fundraising and planning received overwhelming community support. The Poole Street building, still in use today, was unveiled in December 1957. A 60-bed nursing home, now known as Mercy Place Albury, was established in 1979-80 to serve Albury's older population.

In the past seven decades, Mercy Health Albury has evolved to meet the needs of the community. Some services have come and gone, including surgical, a children's ward, obstetrics and gynaecology. Today, the hospital proudly offers aged care assessments,

“We will be forever grateful that the Sisters of Mercy laid the foundations we are standing on now.”

day therapy programs, allied health, healthy ageing, geriatric evaluation management and palliative care.

Christine says community support has been instrumental to the ongoing success of Mercy Health Albury. It was the community that helped raise funds for the Poole Street site, the community that petitioned to save the hospital when obstetrics moved site in the 1990s, and the community and volunteers that keep the hospital going today.

"Historically, our volunteers worked mainly in palliative

care," Christine says. "Today, volunteers are engaged all throughout Mercy Health Albury. Volunteers serve high tea to palliative care inpatients, help at meal times, provide support to our community palliative care clients and provide soothing music and aromatherapy to patients. We are very grateful for the commitment and support our volunteers provide — it truly enriches the Mercy experience."

Alma Hartley, in whose name the new garden was established, was a prime example of Mercy Health Albury's many wonderful

and dedicated volunteers. The beloved grandmother, who died in 2013, was a palliative care volunteer who assisted with a walking group for newly bereaved people. "Alma was very dear to many people at Mercy Health. It is extremely fitting that there will be a place in the hospital grounds named after her where people can enjoy nature and some fresh air," Christine says. "Our lovely new garden was the work of many people including volunteers, staff and the community, who all contributed to this lasting Mercy Health Albury asset."

A plaque dedicated to Alma Hartley is unveiled in the new memorial garden







# Home for Christmas



Joyful Praise singers usher in the festive season at Mercy Place Westcourt



Mercy Health Bethlehem Home for the Aged resident Dawn O'Neill with her beautiful handiwork

Photo: Andrew Perryman, Bendigo Weekly

Around Australia, residents and staff of Mercy Health's residential aged care homes are busily preparing for the festive season.

## Victoria

### Mercy Health Bethlehem Home for the Aged, Bendigo

Our Bendigo home gave Santa a run for his money in November by creating fabulous handmade goods for their Craft Extravaganza Sale.

Handmade items on offer included greeting cards, knitted toys, knee rugs and even Christmas wreaths and decorations.

Robyn Green, one of four volunteers at the craft group, feels the Craft Extravaganza Sale was a wonderful opportunity for residents to display their fine work.

"Some residents have done lots of knitting and needlework in days gone by, others have little to no experience — but they all love it," Robyn says.



Norbu Yangzom gets ready for Christmas at Mercy Place Mont Clare

## Western Australia

### Mercy Place Mont Clare

Claremont local Norbu Yangzom hails from 'the land of happiness', so it's perfectly logical that she is focused on injecting a large dose of Christmas cheer into the lives of residents at Mercy Place Mont Clare.

Norbu, who was born and raised in Bhutan — known as the 'happiest country in the world' — is a carer at the home, and was one of the first staff members to volunteer to work on Christmas day this year.

"I love my job and so spending Christmas day with residents isn't really like working," says Norbu, whose ultimate goal is to study to become a nurse. "It's an honour to be here to care for those who are unable to be with their families.

"Although some of our residents celebrate Christmas with their own families, there are many who don't have anyone to go home to and as I don't have any family in Perth, the residents really are like my own second family."



Xavier High School students carolling for Mercy Place Albury residents

Norbu will be one of many staff members who will be working on Christmas day, including nurses, carers, cooks and kitchen helpers. All will be focused on ensuring residents enjoy a traditional Christmas lunch as well as tending to their daily care needs on 25 December.

## Queensland

### Mercy Place Westcourt

Christmas is in the air but it was no Silent Night when the Joyful Praise singers arrived at Mercy Place Westcourt to usher in the festive season. The volunteer group raised the roof at one of our Cairns homes with a variety of classic Christmas songs, including O Little Town of Bethlehem and I'll be home for Christmas.

"We had just put up our Christmas trees and decorations, so residents were really getting into the festive spirit," says Leisure and Lifestyle Officer Pippi Ludvigsen. "Our residents all love music, they sing along and know many of the lyrics by heart."

Pippi says it was a wonderful way to mark the start of the festive season and residents and their families are gearing up for the home's Christmas party on 18 December.

“Their faces just light up and they adore spending time with the children.”

## New South Wales

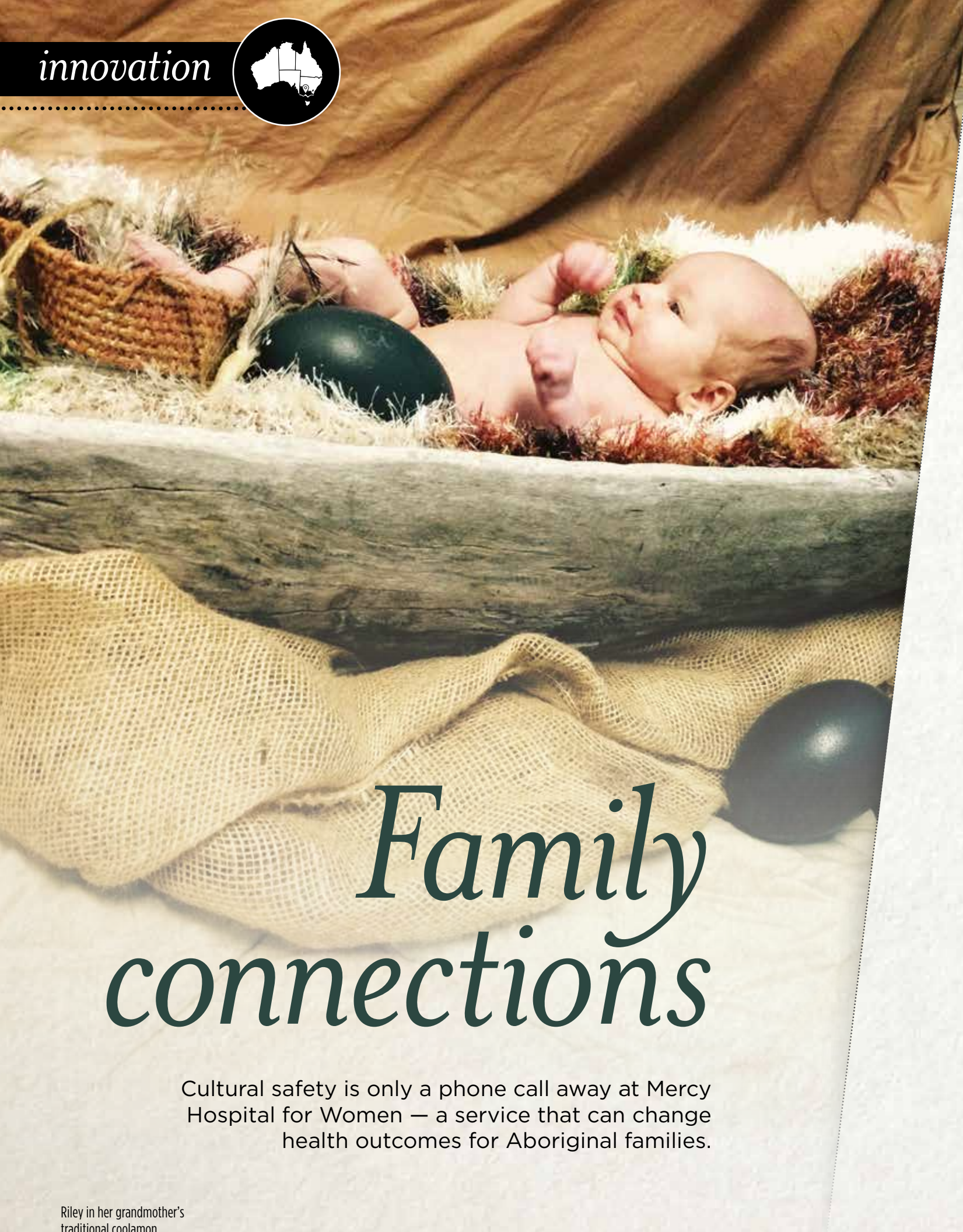
### Mercy Place Albury

The Christmas carolling continued at Mercy Place Albury, where talented students from Xavier High School Albury entertained residents with their annual Christmas concert. The choir sang Away in a Manger and other Christmas carols beloved by all generations.

Afterwards, the students enjoyed Christmas cake and mingling with the residents.

"Residents love the annual Xavier College Christmas Concert," says Lifestyle Assistant Caroline Crawford. "Their faces just light up and they adore spending time with the children."





# Family connections

Cultural safety is only a phone call away at Mercy Hospital for Women — a service that can change health outcomes for Aboriginal families.

Riley in her grandmother's traditional coolamon

Kaylene Williamson's two-year-old daughter Peyton is singing, loudly. Despite the volume, it's music to her mother's ears. When the first months of motherhood are tough, finding the right support is crucial — but for Aboriginal families this is an all too rare and precious resource. Our Aboriginal Programs Unit at Mercy Hospital for Women offers families support before, during and after birth through the Nangnak clinics, which are tailored to meet their cultural needs.

"Peyton and my youngest child Riley were both born at Mercy Hospital for Women, and the major benefit of the clinics was that Jo (Pappas, Senior Aboriginal Hospital Liaison Officer) and Jodie (Lovett, Aboriginal Hospital Liaison Officer) were there at every appointment," Kaylene says. "So if I was concerned about what the doctor said, Jo and Jodie would sit down like family and have that aunty type of conversation. After the births they both visited me on the ward every day. So now they feel like family."

Communicating about care in a way that respects tradition, culture and the concept of family is critical to most people, but particularly to Aboriginal Peoples. The hospital environment can feel too clinical, and even well-intentioned caregivers can make assumptions based on a patient's Aboriginality. Because both factors can discourage Aboriginal families from seeking care when they most need it, a dedicated culturally appropriate service can open doors and change lives.

"About six weeks after Peyton's birth I was really struggling mentally to adjust," Kaylene says. "My husband became worried, and even he felt he could call Jo. So we went to the

hospital as a family to see her. Then she rang me nearly every day and talked through my emotions without labelling me."

Sadly Kaylene's health still wasn't improving. "I was a mental wreck. Eventually I asked my doctor to refer me to O'Connell Family Centre (OFC) for more intensive help with adjusting to motherhood."

While grateful for OFC's specialised support, Kaylene found aspects of its model unfamiliar. "When it comes to caring for children, in the Aboriginal community we all lean on each other. Culturally, the way we do things is different.

"So Jo and Jodie rang and talked to OFC about cultural safety and how they could work closely with them. They also rang me every day. It was good to have them say 'Yes, what they teach you is one option, but these are also factors that can help you.'"

So positive was Kaylene's experience that she returned to Mercy Hospital for Women for Riley's birth. When the pregnancy became complicated by gestational diabetes — a condition for which Aboriginal women are at heightened risk — Jo and Jodie were again there for the family.

"I found out about the diabetes at the 28-week mark and I was flying to Bali the next day," Kaylene recalls. "But Jo organised in one day for me

to see the diabetes educators, do the training and order the medication I needed to still leave on time. The educator also emailed me the contact details of anyone I might need while I was away. When I came back I continued to receive support from the hospital to manage my health.

"I would not have got the help I needed if Jo and Jodie hadn't been there. It would be ideal if all programs linked in with the Aboriginal Unit. I can't believe the support I got with both my children."

**"I would not have got the help I needed if Jo and Jodie hadn't been there"**



Riley and Peyton today



The entire family enjoyed support from the Aboriginal Programs Unit





# Moving forward, not moving on

For more than a decade, **Garrett O'Dowd** has been guiding people who have lost a loved one in sudden or traumatic circumstances to face a future they never imagined.

**“G**rief Services began in 2001. It's a specialist bereavement service that responds to the needs of individuals and families experiencing complicated grief after bereavement, who live in the western metropolitan region.

Of the people we see here, 70 per cent have experienced a sudden unexpected death: it could be suicide, car accident, heart attack and occasionally homicide – but always the suddenness complicates their grief experience. When we started out, there were few services available in the western region with the specialist skills to deal with this type of bereavement.

Our service is completely free, and we welcome donations to support us. We pride ourselves on having no waiting list. We can usually meet with clients within two weeks of their initial call, or sooner if needed.

There are four major areas in complicated grief: firstly, circumstances around a person's death. It may not just be the nature of the event but pre-existing relationship issues

that were stressful, so people feel a sense of guilt. They haven't had an opportunity to say goodbye and they may wonder what more they could have done.

Secondly, who dies: it could be the loss of a child. We don't expect to outlive our children, so the whole world seems to shatter. Or it could be a young partner. But it's also the meaning of the relationship; if it's at the core of a person's identity, the structure disappears from their life.

Thirdly, the characteristics of the bereaved person themselves or their past experiences of loss. If a person has experienced multiple losses in their lives, or has mental health or abuse issues, they may be less able to manage grief.

The remaining one is interpersonal factors. It could be family conflict, or people who are marginalised in some way. Others may assume they'll be OK and don't provide the care they need. So this service provides an opportunity to work through their loss.

The main challenge is being able to sit with people's pain

and realise you cannot take that away. Many professionals try to fast track them through the experience and create resolutions to something that has no resolution. We're here to help them recognise that the goal is not moving on from grief but moving with it. We also talk about how death ends a life but not the relationship, and how to find new ways to love and connect with this person.

One difficulty people come in with is preconceptions of how and where they should be: 'I've been through anger and denial, so surely I should be moving on to the next stage'. So they are not only dealing with grief but feel like they're failing at it. Research has shown it could be six months before people connect with the reality of their loss, yet by then they're no longer receiving the same support.

The rewarding part is that you can actually see people leave feeling more empowered. They may say, 'My grief is still there, but I can move forward in my life'. To me that's great, that people leave feeling they can still have a life, even though it's not as they had hoped or assumed it could be.”

## Belinda's story

“We lost our pregnancy at five months. It was probably six months down the line that I fell in a heap a bit. So I got back in touch with the hospital and they recommended Garrett and Mercy Health as my first option to see if it was a good fit for me, and it was.

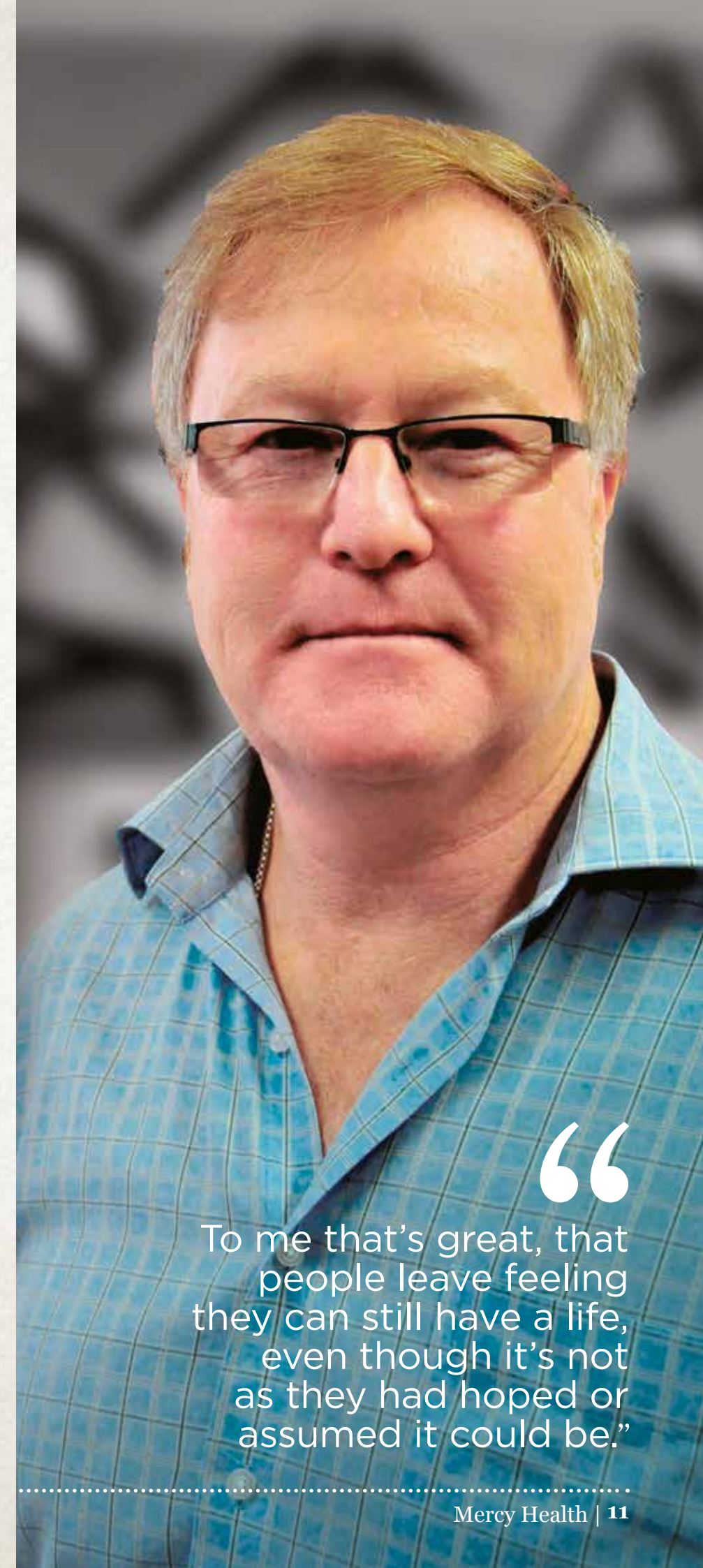
“I saw Garrett for a number of months. Availability and location were excellent and the sessions were guided by me and what I needed, so I wasn't hurried to get through the process. Going through the anniversary dates was easier with counselling; it allowed me to move forward with positivity and let go of the things that were holding me back in time.”

## Cheryl's story

“After my mother died, roughly two years ago, I was having a really hard time; everyday life was a struggle. There's only my sister and I and although we both lost our mum, our circumstances were different because I was the one who found mum and it was hard to talk about it.

“When I first went to Garrett I was able to discuss things that I hadn't been able to before. Because I didn't want to keep talking about it with my family I found with Garrett I could actually open up, because he wasn't attached to the problem.

“At the start it was hard but as the sessions went on it became easier. Even though, as Garrett says, your love for the person doesn't end, you can accept and understand your grief better. It helped me more than I had even thought possible.”



“To me that's great, that people leave feeling they can still have a life, even though it's not as they had hoped or assumed it could be.”





# Motor on Don

Don Whitten might get around on a scooter now, but when he closes his eyes he can conjure up the childhood back yard where he and his older brother, Ted, whiled away long summer afternoons practising football with a makeshift ball.

It was many years before Ted, two years older, would become the AFL legend known as Mr Football. "When we were growing up it was all country around us, there was nothing else to do, football was the only thing we could play," Don recalls. "We used to use a sock wrapped up in paper as a football because our parents couldn't afford a proper one."

Don doesn't play football any more, but he still loves to talk about it. And thanks to a scooter and training provided through Mercy Health Home & Community Care, Don is once again able to visit his local shops to pick up his groceries and stop for a chat.

His stories begin in childhood. Don's father worked in a quarry to support his sons and daughter, and his mother returned to work to supplement the family income. "They did their best for us; they had to feed us, play with us and send us to school," Don said. "It was a hard time and the only thing we kids could do was play

football. My brother and I just loved it." Even when Don joined his brother playing for the Footscray seniors in the Victorian Football League in 1956, players were only paid about \$20 a match. "Things have changed, haven't they?" he marvels.

Don reflects on his football career with quiet pride. He played three seasons with Footscray before becoming a premiership coach in Casterton, a thrice best and fairest player and captain in Yarraville and returned to coaching in Tocumwal where he led his team to three grand finals and another premiership. Don retired from football aged 37 with lasting memories – as well as lifelong knee problems.

"My brother always had good legs," Don muses. "I had crook knees from playing footy and the older I got, the sorer they got." The pain continued despite two knee replacements, and the combination of bad knees and bad luck eventually laid claim to Don's

independence. The active retiree had to give up playing golf, and his driver's licence was taken away following a car accident a few years ago.

Don, who lives on his own, says the loss of independence came as a blow. "I am still coping with it," he says. "I live on my own here in Werribee and driving was what kept me going." Don regards the scooter he got mid-year as a lifesaver. "It's an outlet for me, I couldn't ask a taxi driver to take me to the butcher and then the fruit shop, it was not ideal."

Mercy Health Home & Community Care occupational therapist Lauren Parsons visited Don's home several times to assess his needs and abilities after funding for the scooter came through. "It was a great feeling to be able to give Don back his independence," Lauren says. "He is such a well-known man in his community that it's really important for him to get out and about. Before, he was quite confined; now he can hop on the scooter and go down the street."







# Listening to good advice.

When it comes to shaping care, there's one group of experts to which healthcare providers should listen above all others: our consumers.

This is the belief which gave rise to the first national Consumer Advisory Conference, hosted by Mercy Health in partnership with the Health Issues Centre and the Department of Health and Human Services in November 2015. More than 70 staff and consumers from 20 different public health services, private hospitals and community services converged on Melbourne for a stimulating day of workshops and presentations exploring the role of the consumer in directly influencing care.

Interact Hub ran an online portal featuring photos and commentary on the discussions taking place, to ensure advisors from remote and regional areas could also participate. The online conversation was as active as the physical

version, with around 50 participants from Geelong, Bendigo and New Zealand logging in, 51 comments shared throughout the day and 88 interactions triggered.

Group Executive Director, Leadership & Mission Julia Trimboli gave an inspiring opening address reflecting on Mercy Health's founding story and how this conference continues Catherine McAuley's legacy of engaging with the community.

Keynote Speaker, Tracy Bartram spoke about her personal experiences as a consumer of health services and how she has actively engaged in her treatment planning to improve her own health outcomes.

Conference participants took part in facilitated workshop

sessions exploring 'the role of the consumer advisor', 'the role of mentoring' and 'improving partnerships'.

True to our commitment to building community, Mercy Health is now working on a Consumer Portal through which advisors around the country can share their ideas and experiences.

“This conference continues Catherine's legacy of engaging with the community.”

## We need your input!

There are many ways you can help us shape the future of Mercy Health's care — some of them from your own loungeroom!

Email Bec Jolly on [RJolly@mercy.com.au](mailto:RJolly@mercy.com.au) or call (03) 8416 7872 to find out more.



# A Christmas message from the Group CEO

In our hospitals, clinics, homes and offices, many Mercy Health staff and volunteers are preparing to celebrate Christmas away from their families. While most of us are sitting down to a meal with loved ones, these dedicated people are giving their time to patients, residents and clients who cannot be with their own families, offering them a little festive joy.

These are acts that embody the Mercy spirit, and I have been privileged to witness many similar acts throughout this year. With the announcement by Pope Francis that 2016 will be a Jubilee Year of Mercy within the Catholic Church, it is timely to reflect on how we each enact this spirit in our professional and personal lives.

The Year of Mercy asks the faithful “to rediscover the richness encompassed by the spiritual and corporal works of mercy... which [are] to be celebrated and experienced

with faith, hope and charity.” I am particularly proud that our organisation can already claim to live the Mercy spirit in thought and deed as well as in name.

This has been a year of unprecedented growth and change, demanding much from our people and contributing much to our community. I am both grateful for and in awe of our achievements as an organisation and as individuals. I wish to warmly thank everyone within the Mercy Health community for their selfless efforts to bring joy and peace to the lives of those in greatest need.

On behalf of the executive and Board of Mercy Health, I wish you, your family and loved ones a safe and happy Christmas.

**Stephen Cornelissen**  
Group Chief Executive Officer

“I am particularly proud that our organisation can already claim to live the Mercy spirit in thought and deed as well as in name.”





# Help deliver a precious gift this Christmas.

We need your help to support struggling families these holidays. Your donation will mean the world to the people we care for at this special time of the year:

- our babies and their parents
- residents in our aged care facilities
- people dying from a terminal illness and those caring for them.

**Please consider donating to Mercy Health these holidays so they too can celebrate.**

**[www.mercyhealth.com.au/donate](http://www.mercyhealth.com.au/donate)**



## *Your feedback...*

We hope you've enjoyed the summer edition of *Our Voice*, Mercy Health's groupwide newsletter.

Please send your feedback and stories via the details below:

**Mercy Health: Our Voice**

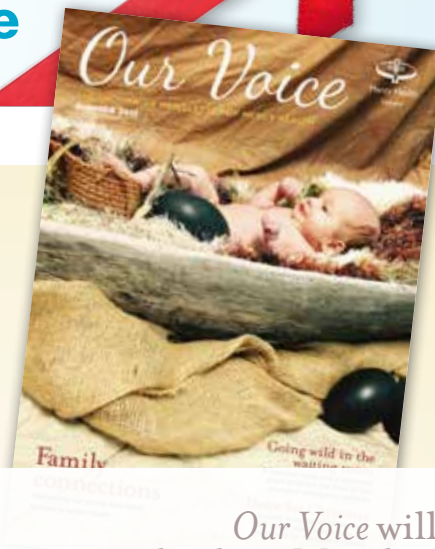
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Mercy Health acknowledges Aboriginal and Torres Strait Islander Peoples as the first Australians. We acknowledge the diversity of Indigenous Australia. We respectfully recognise Elders both past and present. This report was produced on Wurundjeri Country.



*Our Voice* will be back in March with our Autumn edition. In the meantime you can keep up to date with current Mercy Health news at [mercyhealth.com.au](http://mercyhealth.com.au)

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