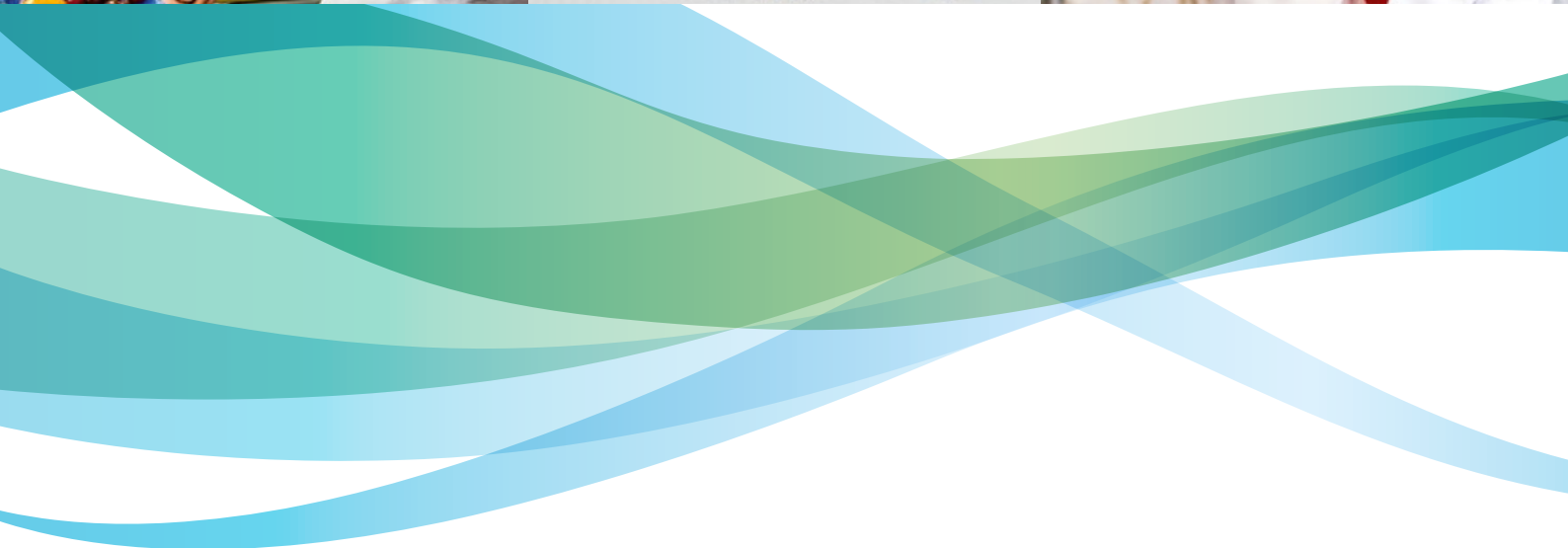




Mercy Health

Care first



2017/18

CARE FIRST

Mercy Hospitals Victoria Ltd
Quality Account



*Pastoral Care Services Manager
Trudy Keur with pastoral carers
Anne and Pan Hoe (Victor)
in the Werribee Mercy Hospital
interfaith chapel*

CONTENTS

4 Welcome

OUR COMMUNITY

7 Who we are

10 Improving health literacy

11 Supporting people at risk

12 Improving access
for all abilities

14 Supporting Aboriginal
and Torres Strait Islander
communities

16 Nangnak Baban Murrup

WE ARE LISTENING

18 Point-of-care audit

20 Care First rounds

21 Consumer Conversations
Conference

22 Your experience matters

24 Feedback and complaints

27 If you are worried

IMPROVING OUR CARE AND SERVICES

29 Improving patient flow
in our Emergency
Department

31 Obstetric Triage
Decision Aid

33 Victorian Perinatal Services
Performance Indicators

35 Bonding via BabyCam

36 Expanding the Mercy
Health Breastmilk Bank

38 Empowering choice

39 Educational videos

40 If things go wrong

42 Controlling infections

44 Protecting against the flu

47 Mental health

50 Electronic medical
records in mental health

52 End-of-life care

53 Caring around the clock

54 Adrian and Gwyn's story

55 Medical Treatment
Planning and Decisions Act

57 Dave's story

OUR PEOPLE

59 People Matter Survey

61 Stresswise

62 Whole Self @ Mercy Health

63 Partnership with
EPIC Assist

WELCOME

We take great pleasure in presenting Care first: Mercy Hospitals Victoria Ltd Quality Account 2017/18. The purpose of this report is to present the work we have undertaken this year to enhance the safe, high-quality and inclusive care we provide to our communities.



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.

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 2017/18, we:

- achieved accreditation for our Victorian hospitals and mental health services under the National Safety and Quality Health Service Standards
- continued to implement improved clinical governance and safety systems, such as the Point of Care Audit and Mercy Mental Health Electronic Record

- innovated to provide person-centred care through initiatives such as BabyCam and the expansion of the Mercy Health Breastmilk Bank

- participated in projects to improve the emergency department experience and reduce waiting times, in partnership with Better Care Victoria at Werribee Mercy Hospital and through the validation of the Obstetric Triage Decision Aid

- continued to engage with our communities through initiatives such as inviting Consumer Advisors to attend our executive Care First rounds; delivering the second Consumer Conversations Conference in partnership with Safer Care Victoria and the Health Issues Centre; producing a series of evidence-based antenatal outpatient information videos; and ensuring accessibility measures were incorporated into the new Werribee Mercy Hospital Stage 1C redevelopment
- started planning for the second iteration of our Reconciliation Action Plan through which we share our commitment to improving cultural safety and equity for Aboriginal and Torres Strait Islander communities.

We sincerely hope you enjoy reading the *Care first: Mercy Hospitals Victoria Ltd Quality Account 2017/18*. In the often-quoted words of the Foundress of the Sisters of Mercy Catherine McAuley, “We must never say, ‘It is enough’”. As our community continues to grow and diversify, we will evolve with it to meet people where they are, with the very best care we can give.

We welcome your feedback on this year's report

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

In response to your feedback on last year's report, we have:

- explained key terms — these are underlined and described throughout the report
- used graphs more selectively
- partnered with our Consumer Advisors to review and improve the report draft
- continued to feature your stories and feedback throughout the report.

*Ms Clare Grieveson Executive Director Quality, Safety & Innovation,
Adjunct Professor Stephen Cornelissen Group Chief Executive Officer
and Adjunct Professor Linda Mellors Chief Executive — Health Services*



Trang with baby Lee at Werribee Mercy Hospital

OUR COMMUNITY

WHO WE ARE

With patients coming from 200 countries, speaking 153 languages and following 88 faiths, providing equitable and inclusive services is important to Mercy Hospitals Victoria Ltd.



Anoop and Renee with baby Navya at Mercy Hospital for Women

Our interpreting services

Our interpreting services team is made up of in-house interpreters certified by the National Accreditation Authority for Translators and Interpreters (NAATI). We cover high-demand languages such as Mandarin, Arabic, Karen and Persian, and book external agency interpreters as required.

Provision of interpreting services is impacted by various factors including availability of NAATI-certified interpreters in

various languages and ability to access interpreters on demand, particularly in emergency situations. We are guided by various government and organisational policies and guidelines.

The demand for interpreting services at Mercy Hospitals Victoria Ltd continues to grow. In 2017/18, nearly 20,000 contacts with patients involved an interpreter. At Werribee Mercy Hospital in particular, requests for an interpreter increased 13 per cent on last year.

Most of the interpreting activity at our hospitals occurred in the outpatient (clinic) setting.

Of the outpatients who required an interpreter, 83.5 per cent received one. Provision of interpreting services to inpatients (people who are admitted to hospital) remains a challenge. Across the two hospitals, 48 per cent of inpatients who required an interpreter received one.



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.

Karen / ကဠိကျိန်

နမူထိုင်ပုဂံကျိန်ထံတော်အတိအလင်းနိဉ်နဉ် နယုတၢ်မၤစၢၤလၢကကတၢ်တၢ်လၢနကျိန်သ့လီၤ.

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。

Persian / فارسی

هنگامی که نشان مترجم را مشاهده می کنید می توانید درخواست کنید که به زبان خودتان گفت و شنود داشته باشید.

Here are a few of the other ways we are working with staff, communities and key external stakeholders to continue to improve the cultural responsiveness of our services.

Developing our workforce

We are continuing to build the capacity of our staff to provide appropriate care to diverse communities. This year, we delivered a number of staff training sessions, including:

- cross-cultural communication in maternity services
- health literacy in a clinical encounter

- working with women who have experienced female genital cutting
- communicating cross-culturally in an emergency department
- welcome to multicultural Mercy.

We have also shared our experience and knowledge with other health services. This has included mentoring staff from other organisations through the HealthWest Health Literacy Mentoring Project.

Another major achievement was publication of an article titled Does FGM/C still matter in our clinical practice? in the *Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) O&G* magazine, summer 2017 edition. The article provides a general overview

of female genital mutilation/ cutting (FGM/C) and offers some practical suggestions on how to appropriately engage with women and girls affected by FGM/C.

Helping our communities provide feedback

Our Multicultural Services team continued to work closely with the Consumer Participation and Experience team to improve the feedback process for patients, clients, families and carers with limited proficiency in English. We completed an evaluation of the process by seeking feedback from patients, clients, families and carers (through interpreters) and some staff. As a result, we are currently developing multilingual posters about how to provide feedback.



Nurse Lisa with patient Antonina at Werribee Mercy Hospital

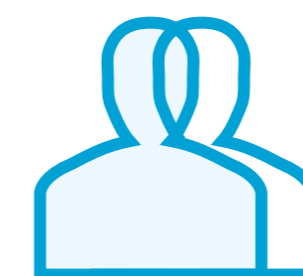
Our patients — a snapshot



33.7
per cent born overseas,
in 200 countries



15.6
per cent speak a language
other than English (with
153 languages represented)



5.2
per cent need an interpreter



88
religions

IMPROVING HEALTH LITERACY

Mercy Health is training staff in health literacy in order to support patients to make informed health decisions.

Sixty per cent of Australian adults have low health literacy skills. This means most people have difficulty understanding and using healthcare information. Mercy Health wants to make sure all patients and clients can confidently understand the information they receive and in turn make informed health decisions. Our staff play a key role in delivering information and supporting patients to understand it.

Over the past few years, Mercy Hospitals Victoria Ltd has been working on improving the health literacy skills of our staff.

In 2017/18, 20 staff participated in a Health Literacy Development Course run in partnership with the Centre for Culture, Ethnicity and Health. The course gave staff an opportunity to undertake a number of small projects relevant to their area of work. A key aspect of every project was engagement with patients or clients.

One of the projects was the development of a brochure about the services provided by the Emergency Department Care Coordination Team at Werribee Mercy Hospital. The team worked with patients and staff to develop a brochure in plain

language, with simple pictures. There has been a 30 per cent increase in referrals to the service since placing the brochure in waiting areas and cubicles.

SUPPORTING PEOPLE AT RISK

Mercy Health works with some of the most vulnerable groups in our community and plays an important advocacy role for those at risk.

In 2017/18, we continued to progress our combined Strengthening Hospital Responses to Family Violence (SHRFV) and Child Safety Standards (CSS) project. This project is tasked with implementing key recommendations for hospitals from the Royal Commission into Family Violence and ensuring compliance with the CSS as set by the Commissioner for Children and Young People.

Key achievements for 2017/18 include:

- establishing a Steering Committee to guide the project
- developing a Child Safe Code of Conduct that will be rolled out in 2018/19
- developing a procedure for working with patients with whom family violence is suspected or confirmed

- providing feedback to the Department of Health and Human Services on their proposed Family Violence Prevention Strategy
- surveying staff about their experiences of family violence with resultant analysis, issues and recommendations proposed to improve staff health and wellbeing
- conducting Grand Rounds at Mercy Hospital for Women and Werribee Mercy Hospital about family violence and the links to child safety
- continuing to implement targeted training in key areas.

In 2018/19, Mercy Health will continue to train all managers and clinical staff to be able to identify signs of family violence; to sensitively enquire about patients experiencing family violence; and to be able to

respond and refer appropriately. This will include a particular focus on the screening of antenatal women whose risk of experiencing family violence significantly increases over this period.

Family violence — behaviour by a person towards a family member that is:

- physically, sexually, emotionally, psychologically or economically abusive, threatening, coercive or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of themselves or another family member; or
- behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of the behaviour.

Werribee Mercy Hospital patient Michelle



Find out more:

Centre for Culture, Ethnicity and Health: ceh.org.au/what-is-health-literacy

Australian Commission on Safety and Quality in Health Care: safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy



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 or call 1800 737 732.

IMPROVING ACCESS FOR ALL ABILITIES

A \$93 million expansion of the Catherine McAuley Centre at Werribee Mercy Hospital opened to patients in August 2018. The expansion was designed so that people of all abilities can access and navigate our building and services.

From planning through to official launch, the Werribee Mercy Hospital Stage 1C redevelopment was designed with everyone in mind. All design elements, from signage to wayfinding measures, lighting and wall colours, were considered choices, to ensure access for people of all abilities.

Throughout the redevelopment process, project teams regularly gathered to ensure all safety and

design regulations were met, resulting in a building that takes into account all members of the community.

“We engaged accessibility and Disability Discrimination Act (DDA) consultants throughout our project to ensure we met disability standards,” says Daniel Brennan, General Manager Capital Development and Planning. “We put extensive planning and work

into this aspect of our Stage 1C hospital build, car park and internal works. The end result was a redevelopment that complied with the Building Code of Australia (BCA) and the spirit and intent of the DDA.”

The accessibility measures put in place make moving through the new hospital redevelopment far more user-friendly to people of all abilities, Daniel says.



“We have implemented wayfinding measures and signage to make navigating our hospital as easy as possible for visitors of all abilities,” he says. “They will be regularly reviewed to ensure universal pictograms and braille are used for those who might have literacy or visual difficulties. A 30 per cent contrast in the wall and door frame colours has also been implemented for the vision impaired, while sensor and night lighting is used in corridors and bedrooms to provide depth perception when patients are exiting beds and walking down corridors at night.”

As a public hospital, ease of access for all is paramount, Mercy Health Program Director, Ambulatory, Community and Allied Health Services Liz Murdoch says.

“Mercy Health has a duty to ensure that all buildings can be accessed easily by someone with a disability,” Liz says. “The measures we have introduced in the Werribee Mercy Hospital redevelopment certainly achieve that. The visual aids we have strategically positioned around the hospital go a long way to helping us achieve our goal of ‘easy access for all’.”

Werribee Mercy Hospital’s Intensive Care Unit team, including Clinical Director Dr Mainak Majumdar (far right) and Nurse Unit Manager Joanne Pickford (third from right, back row)

Werribee Mercy Hospital administration officer Denice Parslow with the first medical ward patient, Henare

The expansion serves the growing Wyndham community by providing:

- the region’s first Intensive Care Unit (ICU)
- six new operating theatres
- 56 new inpatient beds
- a new Central Sterilising Department.

The \$93 million expansion includes an \$85 million investment from the Victorian Government, \$6 million from Mercy Health and a \$2 million commitment from the Mercy Health Foundation, together with the Werribee Hospital Foundation, to help furnish and equip the new ICU.



SUPPORTING ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Mercy Health is committed to improving cultural safety and equity for Aboriginal and Torres Strait Islander communities.

As Mercy Health – Health Services moves into the second iteration of our [Reconciliation Action Plan \(RAP\)](#) — an [Innovate RAP](#) — our priorities are engagement with the Aboriginal community, providing opportunities through training and employment and continuing to enhance our care and services. We continue to build on our existing [Reflect RAP](#) and the Victorian Government’s Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program.

<p>Our partners in care</p> <ul style="list-style-type: none"> • We provide shared care antenatal services between Mercy Hospital for Women (MHW), Victorian Aboriginal Health Service and Banyule Community Health. • Nangnak Wan Myeek (New Directions) Program improves the health and wellbeing of Aboriginal mothers and children. • Our Mercy Hospitals Victoria Ltd Aboriginal Reference Committee includes members from Aboriginal Community organisations. • We are partnering with Banyule Community Health to support their Aboriginal Community Playgroup program. • We redeveloped our website with more visible and accessible information for Aboriginal and Torres Strait Islander patients and families. • We launched an Aboriginal Cultural Awareness Hub on our intranet to provide staff with culturally safe information and materials. 	<p>Improving our organisation</p> <ul style="list-style-type: none"> • We acknowledge significant Aboriginal community dates, with events held to mark NAIDOC Week, National Reconciliation Week and Sorry Day. • We developed policy and procedure documents for Acknowledgment of and Welcome to Country. • We added an Acknowledgement of Traditional Owners to all Mercy Health meeting templates including those of our Health Services Leadership Team, Grand Rounds and all staff and manager forums. • The Mercy Health Diversity and Equity Committee, chaired by Group Chief Executive Officer Adjunct Professor Stephen Cornelissen, has prioritised Aboriginal health and engagement with the Aboriginal community and workforce.
<p>Developing our workforce</p> <ul style="list-style-type: none"> • Cultural awareness education is being prioritised to specific departments and staff across Mercy Hospitals Victoria Ltd, and will continue throughout 2018. • ‘Ask the Question’ training to improve data around and identification of Aboriginal and Torres Strait Islander patients will also be targeted in line with our RAP priorities. 	<p>Improving our systems of care</p> <ul style="list-style-type: none"> • The Nangnak Baban Murrup model of care provides holistic treatment during pregnancy and development of culturally appropriate discharge planning and referrals after the birth. This may be through Aboriginal Community Controlled Health Organisations or mainstream agencies depending on what the patient prefers. Nangnak Baban Murrup retains extensive data on clients regarding health status, comorbidities, clinic attendance and outcomes. • Mercy Hospital for Women introduced the Nangnak Midwifery Group Practice model of maternity care that provides continuity of midwife care (often called caseload or Midwifery Group Practice) to all Aboriginal and/or Torres Strait Islander women and non-Aboriginal women having an Aboriginal and/or Torres Strait Islander baby.



Reconciliation Action Plan (RAP) — these are frameworks developed by organisations to support their journey within the national reconciliation movement. There are four types of RAP, depending on how far along an organisation is on their reconciliation journey. Mercy Health – Health Services is currently transitioning from a Reflect RAP to an Innovate RAP.

Reflect RAP — describes the initial steps an organisation should take to prepare for reconciliation initiatives and subsequent RAPs.

Innovate RAP — outlines innovative actions that progress an organisation’s journey towards reconciliation.

Shared care antenatal services — in which a woman’s pregnancy care is shared between the hospital and a GP or midwife in the community.

NAIDOC Week — National Aboriginal and Islanders Day Observance Committee (NAIDOC) Week celebrations are held across Australia each July to celebrate the history, culture and achievements of Aboriginal and Torres Strait Islander peoples.

‘Ask the Question’ — training for non-Aboriginal staff around asking if a patient identifies as Aboriginal and/or Torres Strait Islander.

Comorbidities — medical condition or conditions that occur alongside the primary disease.

Reconciliation Action Plan artwork by Gunnai and Wiradjuri woman Lyn-Al Young

NANGNAK BABAN MURRUP

Mercy Hospital for Women mothers have voted with their feet in preference for a primary midwife model of maternity care introduced to our Nangnak Baban Murrup (NBM) Clinic for Aboriginal and Torres Strait Islander women earlier this year.

Launched at Mercy Hospital for Women in 2015, the NBM Clinic takes a holistic approach to maternity care including non-pregnancy related health and social issues. The introduction of the Maternity Group Practice (MGP) model in April 2018 means women in the NBM Clinic now have continuity of care through childbearing, from pregnancy to labour and home visits after the birth with their primary midwife.

Aboriginal women had told us they wanted access to all models of pregnancy care within a culturally safe framework, including MGP. MGP as an option for care was introduced to Mercy Hospital for Women in February 2014. MGP involves 10 midwives who undertake a caseload model of care. This model of care has

proven highly successful with high levels of staff and patient satisfaction. However, after almost three years of operation, less than 0.5 per cent of women accessing MGP care were identifying as Aboriginal.

In April 2016, Mercy Hospital for Women along with two other health services joined a National Health and Medical Research Council-funded project coordinated by La Trobe University aimed at 'Improving the health of Aboriginal mothers and babies through primary midwife-led care'. We recruited three midwives to provide the MGP model for Aboriginal women, starting in April 2018. To date, 100 per cent of women who identified as Aboriginal have chosen to participate

in the model. While some of the women require doctor's care, they are still supported by their primary care midwife throughout their labour, birth and after birth.

Nangnak Baban Murrup (NBM) Clinic — this clinic, which means 'Nurturing Mother's Spirit', provides a culturally safe space for Aboriginal and Torres Strait Islander women giving birth at Mercy Hospital for Women. The NBM team includes Aboriginal Hospital Liaison Officers, a lead midwife clinician and a postnatal care worker.

Maternity Group Practice — a pregnancy model of care that enables you to be cared for by the same midwife throughout your pregnancy.

Jaynaya (patient on left)
Amanda (midwife on right)



Advantages of the Nangnak Baban Murrup Maternity Group Practice model

- provision of unscheduled ('drop-in') antenatal care
- culturally safe antenatal education for first-time partners
- a known midwife present in the antenatal department five days a week
- continuity of care and telephone access to a known midwife
- care commenced at first presentation or any gestation
- case management of and education about all issues that arise in high-risk pregnancies
- liaison with all hospital departments and support to navigate the healthcare system.



Werribee Mercy Hospital
pastoral carer Anne

WE ARE LISTENING

POINT-OF-CARE AUDIT

Patients, families and carers are central to the National Standards Point of Care (PoC) Audit undertaken at our Victorian hospitals three times a year.



Nurses Jomin and Karen with patient Ellen in the Werribee Mercy Hospital Geriatric Evaluation Management Ward

The comprehensive PoC Audit follows a person's healthcare journey. The audit involves speaking to a patient, their family and carers about their experience and the quality

and safety aspects of the care they have received. It is completed on an iPad by staff trained as 'Audit Champions' in their area. The PoC Audit has proved essential to understanding

the experiences of our patients and clients and confirming that our quality and safety procedures are reflected in what patients think and feel about their care.

After the first round of auditing in August 2017, our Audit Champions told us the wording of some questions could be improved to aid patient and client understanding. We took the questions to a [Community Advisory Group](#) meeting for feedback and to help improve wording. The Consumer Advisors also developed a 'thank you for participating card' with contact details for follow-up questions. In addition, the group provided feedback on how the audit results are displayed on our 'Know how we are doing' boards in place throughout our hospital wards and departments.

The PoC Audit has enabled Mercy Hospitals Victoria Ltd to target activities for improvement that facilitate a safe and person-centred healthcare system. Feedback has helped us to continue communicating effectively and to stay relevant. We regularly engage with the people we care for to ensure we are continuing to meet their needs in a constantly changing environment.

Audit — in healthcare, we use audits to assess, evaluate and improve the care of our patients in a systematic way.

Community Advisory Group — Mercy Health's Community Advisory Groups (CAGs) provide local advice from patient, client, family, carer and community perspectives, to help our health services better understand and respond to the needs of the communities we serve.

If you are interested in joining a CAG please email us at getinvolved@mercy.com.au or call 8416 7872.

Werribee Mercy Hospital staff member Trish with patient Jewel

Did you know?

In the last Point of Care Audit, **99 per cent** of people said they would recommend Mercy Health to their family or friends, and **97 per cent** felt involved in the overall planning of their care.



CARE FIRST ROUNDS

The first ‘Care First’ round involving Consumer Advisors was held at Werribee Mercy Hospital in June 2018 with Executive Sponsor, Executive Director Quality, Safety & Innovation Clare Grieveson.

Care First rounds involve executives touring clinical areas to meet frontline staff and patients and to discuss issues of safety and risk. Each clinical area of our Health Services hosts a Care First round at least once a year.

The purpose of Care First rounds is to:

- increase our Health Services leaders’ understanding of what is happening at the point where care is delivered
- enable clinical staff to engage with the leadership team and discuss key quality and safety challenges that staff face and to provide an opportunity to highlight achievements.

Each Care First round includes a discussion about opportunities for improvement and agreement on a plan for action, including responsibilities and timeframes for completing these. Introducing Consumer Advisors to Care First rounds encourages our teams and service areas to consider quality and safety issues with a patient focus.

CONSUMER CONVERSATIONS CONFERENCE

Mercy Health partnered with the Health Issues Centre and Safer Care Victoria to deliver the second ‘Consumer Conversations’ conference, two years on from the inaugural event.

The idea of Consumer Conversations was born from Mercy Health’s own [Community Advisory Committee \(CAC\)](#). Members had recognised there were limited opportunities for Consumer Advisors to share experiences and to network and learn from one other.

More than 70 delegates — mostly consumers — attended the second conference in 2017 at the Department of Health and Human Services in Melbourne. This time around, Consumer Advisors (including two from our own CAC) took the lead as guest speakers and facilitators. Our Group Manager Consumer Participation and Experience Alexandra Armstrong-Young opened the event, which touched on issues raised at the first conference including remuneration; diversity and inclusion; and orientation and training.

Delegate feedback was overwhelmingly positive, with

100 per cent of respondents valuing the conference as ‘extremely useful’ or ‘useful’. They said the most valuable components of the conference were meeting fellow Consumer Advisors; networking; sharing stories and experiences; hands-on workshops; and presentations from Consumer Advisor guest speakers.

What made it great — according to attendees

“Seeing the diversity of consumers and their achievements and having an opportunity to chat with them.”

“Networking with others. Talking to the speakers and learning about what they are doing to ensure quality and safety, and their stories.”

“All sessions. I like to be involved in the consumers advocate group to be able to bridge gaps our system still has.”

[Community Advisory Committee \(CAC\)](#) — provides strategic advice from patient, client, resident, family, carer and community perspectives.

Interested in becoming a Consumer Advisor?

We welcome Consumer Advisors of all ages from diverse backgrounds, cultures and religions, people from LGBTIQ communities, Aboriginal and Torres Strait Islander communities and people with a variety of experiences. To learn more, visit our website mercyhealth.com.au/our-structure/consumer-engagement or contact our Consumer Participation and Experience team via getinvolved@mercy.com.au or 8416 7872.



Consumer Advisor, Biomedical Scientist and laboratory medical student Keagan Sabo jumped at the chance to attend a Mercy Health Care First round in the Outpatients and Pharmacy departments. “It was a great opportunity to see things from the patient’s perspective,” Keagan says. “I gained a broader understanding of what it takes to run a hospital department from a logistical perspective and how that works with the clinical aspects. It is really important that they work together efficiently to provide the best service for patients.”



Mercy Health Consumer Advisor
Kristy Barnes-Cullen
and her son Hugo

Kristy’s experience

“Some of the stories really resonated with me and gave me confidence to speak from my own experience as a former long-term antenatal patient at Mercy Hospital for Women (MHW),” says Kristy Barnes-Cullen, who had been on the MHW Consumer Advisory Group (CAG) just four months when she attended the conference.

“Being able to meet Consumer Advisors from other Victorian health organisations, listening to their stories and understanding the kind of work they had been doing was really valuable to me.”

YOUR EXPERIENCE MATTERS

The Victorian Healthcare Experience Survey (VHES) is a statewide survey of people’s public healthcare experiences run by the Victorian Department of Health and Human Services.

Mercy Hospitals Victoria Ltd receives quarterly reports on our VHES performance. This allows us to monitor our performance over time and to compare ourselves with our peers and the state

average. We share our VHES results with staff, management, the Executive, the Board and Consumer Advisors.

Consumer Advisors — people who have either had direct or indirect experience of Mercy Health’s care or services, or they are part of our local community and want to make a difference to our health services, residential aged care or home care services

Overall experience of care

Target 95%

Mercy Hospital for Women	96.45%
Victorian average	91.63%
Peer group average	96.25%

Werribee Mercy Hospital	93.25%
Victorian average	91.63%
Peer group average	92.01%

Data in these tables is drawn from the Adult Inpatient Survey. Targets are set by the Victorian Government.

Transitions index (experience of discharge or leaving hospital)

Target 75%

Mercy Hospital for Women	79.11%
Victorian average	75.44%
Peer group average	77.02%

Werribee Mercy Hospital	76.43%
Victorian average	75.44%
Peer group average	76.03%

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.

You said	We did
It’s confusing and stressful when you receive different advice about feeding your baby.	Rolled out further training for our midwives in breastfeeding. Changed the time of breastfeeding education sessions at Mercy Hospital for Women so more new parents can attend.
The waiting times in our Werribee Emergency Department can be too long.	Participated in the Better Care Victoria Patient Flow Partnership Project at Werribee Hospital to improve the flow of patients through the Emergency Department, ward and back to their home/community.
It is important for staff to understand the importance of emotional and interpersonal care as well as clinical care.	Sharing patient and client stories at staff and committee meetings to illustrate both positive and negative experiences with our services and staff.
It is important for expectant mothers with a medical concern or emergency to be triaged quickly in our Emergency Departments.	Introduced the Obstetric Triage Decision Aid, developed and used at Mercy Hospital for Women, in our Emergency Department.
There is a demand for more one-to-one midwifery care.	Introduction of a second Maternity Group Practice clinic at Mercy Hospital for Women.



Werribee Mercy Hospital
Palliative Care patient Eric



Werribee Mercy Hospital
Emergency Department Registrar
Simon with patient David

FEEDBACK AND COMPLAINTS

Mercy Health values feedback from those we care for, as well as families, friends, carers and the broader community. It helps us understand what we do well and how we can improve.

Patients, clients, families and carers can provide feedback about their experience with our services, our employees and the care we provide. We collect feedback in the form of compliments, complaints and suggestions via our Consumer Advisors, Community Advisory Committee, Community Advisory Groups, surveys, audits, workshops and focus groups.

How we respond

At Mercy Health, we believe people have the right to expect quality healthcare and services. We seek to respond to complaints or suggestions in a prompt, effective and respectful manner. We have a formal feedback management system so that when we receive a complaint, we take the necessary

steps to investigate. Steps 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). We also analyse feedback and share themes and trends with our staff, management, Executive, Board and Consumer Advisors who sit on committees.

Improving our complaints management process

Mercy Health is continuing to improve our complaints management system. Actions we are taking in response to feedback includes:

- focussing on resolving complaints at a department or ward level
- moving away from written letters for most complaints in favour of a more personalised phone call or meeting with managers
- improving our reporting so we can report each individual complaint not just the main complaint
- developing new high-risk complaints criteria to ensure our senior staff and Executive are notified early of very complex or serious matters
- continuing to meet our complaints closure rate target, which is to close **80 per cent** of complaints within 30 days of receipt.

Why is your target only 80 per cent, not 100 per cent?

Some complaints are quite complex or serious matters that may take longer to investigate. This may happen if the complaint involves multiple areas, staff members or organisations and requires follow up from different managers.

What if I am not satisfied with the outcome of a complaint?

Patients, clients, families, carers and the community can contact external agencies if they are not satisfied with the outcome of a complaints management process through a health service. Agencies include the Health Complaints Commissioner and the Mental Health Complaints Commissioner.

For a full list of external agencies please visit mercyhealth.com.au/patients-and-visitors/providing-feedback



How you can provide us with feedback

(Concerns, complaints, compliments or suggestions)

To share your feedback with us you can:

1. Talk to our staff

If you have a question or concern let our staff know, your feedback is important to us

2. Ask to speak with the person in charge

If you are still concerned, you can ask to speak with the person in charge of the ward or department

3. Write to us online

Use our online feedback form available at mercyhealth.com.au

4. Write to us using a feedback form

Write your feedback on the form provided and place it in a Mercy Health feedback box

5. Contact our Consumer Liaison Officer

Contact our Consumer Liaison Officer on **(03) 8416 7783** (Monday to Friday). If we miss your call, please leave a voicemail with your name and contact number. You can also email feedback@mercy.com.au

Tell our staff if you:

- require an interpreter
- want a copy of our feedback form in a language other than English.



Community Reviewed

Making information easier to read.

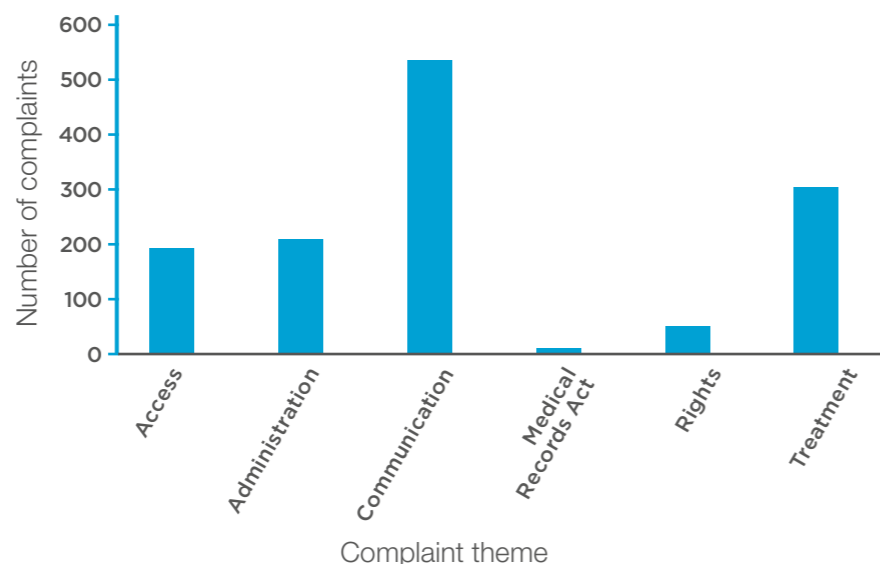
What do our staff have to say about complaints management at Mercy Health? (survey of 121 staff)

- 98% say that feedback is important
- 91% agree that managing people's concerns is everyone's responsibility
- 91% recognise the importance of prompt resolution of a person's concerns by the local department/area
- Staff feel they required more information about using the VHIMS, contacting the Consumer Liaison Officer as well as how to escalate complex high-risk complaints.

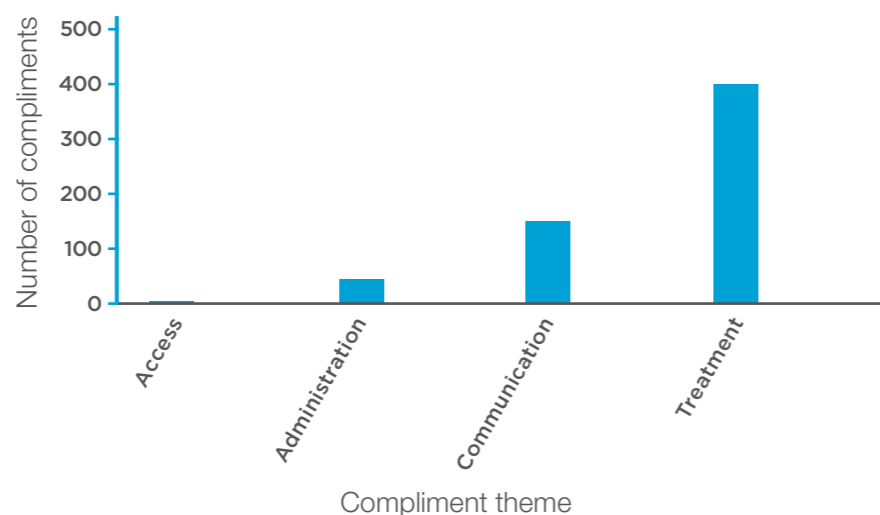
What do past complainants have to say about complaints management at Mercy Health? (survey of 13 past complainants)

- 75% state they were treated with respect and dignity throughout the complaints management process
- 75% state they found it easy to provide feedback to Mercy Health
- People identify that resolution or an outcome to their complaint is more likely to be positive when responses are prompt, personal and address all of their concerns.

Individual complaint issues by theme 2017/18 (697 people)



Individual compliments by theme 2017/18 (388 people)



What are the main themes of your complaints?

- Mercy Health received a total of 1,293 complaints from 697 people over 2017/18, noting that one person may lodge more than one complaint.
- Our number one theme for complaints is communication, which include concerns related to lack of information, staff attitude, lack of compassion or lack of support. Our second highest theme is treatment, which includes concerns about clinical care, other concerns and clinical assessment.

What are the main themes of your compliments?

- Mercy Health received a total of 605 compliments from 388 people over 2017/18, noting that one person may lodge more than one compliment.
- Our number one theme for compliments is treatment, followed by communication.

IF YOU ARE WORRIED

The Mercy Health escalation of care process — 'REACH out to us' — is now available to more patients in our hospitals.

The system is designed to enable patients, family members and carers to raise concerns if they notice deterioration in their condition or that of their loved ones. 'REACH out to us' has been rolled out to all inpatient areas at Mercy Hospital for Women and Werribee Mercy Hospital.

Based on the program established by the NSW Clinical Excellence Commission, 'REACH out to us' incorporates a three-tiered escalation process. The first step is a discussion with a nurse, doctor or midwife. The second step is escalation to the person in charge of the ward. If the patient, family member or carer is still concerned, they can call

the dedicated 'REACH out to us' phone number. This triggers an independent review by the hospital coordinator on duty.

A trial of 'REACH out to us' has also commenced in the Mother Baby Unit, a mental health inpatient unit at Werribee Mercy Hospital where mothers and

babies can be admitted together to receive care. As patients within the Mother Baby Unit have different needs to other acute inpatient areas, 'REACH out to us' has been specially modified for this unit. No calls have been made during the trial period but patients have reported feeling reassured by the availability of the process.



Did you know?

Our Community Advisory Groups helped develop our 'REACH out to us' processes as well as posters and handouts for consumers.



Mercy Hospital for Women
father Christian with baby Sienna

IMPROVING OUR CARE AND SERVICES

IMPROVING PATIENT FLOW IN OUR EMERGENCY DEPARTMENT

Improved wait times to see a doctor and less time spent in the Werribee Mercy Hospital Emergency Department are two great outcomes of changes implemented as a result of feedback.

Werribee Mercy Hospital (WMH) Emergency Department (ED) treats about 40,000 people a year. Through feedback, the department identified two significant opportunities for improvement within the ED:

- 1. reducing the amount of time waiting to be seen by a doctor
- 2. improving all aspects of communication to patients.

WMH made some changes to its ED with the intent of improving patient flow and

patient experience, as part of the Patient Flow Partnership project. This included staffing an additional three cubicles 24 hours a day, seven days a week and commencing a dedicated fast-track service to meet the needs of lower acuity patients. The hospital also allocated a staff member to make sure patients are offloaded from ambulance stretchers in a timely manner. These three initiatives improved the patient flow through the ED and ultimately reduced the amount of time patients had to wait to see a

doctor. Subsequently the hospital has seen a decrease in the number of patients who leave the ED without seeing a doctor. In 2017/18, we also started renovating the ED's triage and waiting room area, enabling the creation of a dedicated fast-track area closer to the waiting room. The department also installed communication screens that provide patients with up-to-date information. This includes explanation of the triage process, what to expect while waiting in the ED and anticipated wait times.

The following table shows how WMH ED is performing in 2018 compared to 2017, in four key areas: wait time to be seen, admission times, ambulance offload times and the number of patients who left without being seen by an ED clinician. The data shows positive improvement across the board. Patients are not having to wait as long to be seen by a doctor and are spending less time in the ED.

	May 2017	May 2018
Category 4 presentations seen within one hour of arrival	56%	72%
Admitted to ward within four hours	22%	61%
Offloaded from ambulance stretcher within 40 minutes	72%	96%
Did not wait for treatment	7%	3.9%



Patient Flow Partnership — a project funded by Better Care Victoria and the Department of Health and Human Services to improve access to emergency departments.

Lower acuity — patients whose condition is not as urgent according to triage category.

Triage — the process of assessing a patient's urgency to be treated, for example a person who arrives with a life-threatening condition will be prioritised over a person who can wait for treatment.

Category 4 — patients in this category will be seen within 60 minutes per the Australasian Triage Scale. Patients in categories 1, 2 and 3 are seen first.

Qualified Ambulance Paramedic Joseph with Lynn O'Neill, Nurse Unit Manager Emergency Department Werribee Mercy Hospital

OBSTETRIC TRIAGE DECISION AID

A groundbreaking new tool developed by our staff is supporting the consistent, accurate and timely triage of pregnant and postpartum women in the Emergency Department and Maternity Unit.

The obstetric triage decision aid (OTDA) was developed to provide structured, standardised triage of pregnant and postpartum women presenting unscheduled to hospital with obstetric and non-obstetric complaints. It aims to improve the patient experience and optimise safety.

Typically, maternity assessment units (MAU) and birth suites have no triage process for women who present unscheduled with a problem in pregnancy. Meanwhile, emergency departments (ED) routinely apply a triage process however they are not well-versed in the triage of pregnant and postpartum women.

This project involved validating the OTDA and improving timely access to care according to clinical urgency. The OTDA was integrated into the triage process and software in the Werribee Mercy Hospital (WMH) ED and

introduced into the MAU following a redesign. The implementation of the OTDA resulted in more timely triage of women, standardised approach to triage and assessment, reduction in under-triage, more timely access for women and a reduction in clinical risk.

Of the 2,829 women who presented to the ED and MAU between 7 August and 5 November 2017, 88 per cent of the unscheduled presentations were triaged using the OTDA.

OTDA use was significantly more prevalent in the MAU (93 per cent) than the ED (73 per cent). In the ED sub-group, under-triage was more common in the group of women for whom the OTDA was not used, with higher numbers of women leaving without being seen. Work is continuing to improve the uptake of the OTDA in the ED.

Wait times to be seen in the MAU improved significantly, in turn improving patient experience and reducing clinical risk. In the pre-audit, 42 per cent of women were seen within 15 minutes of arrival, compared with 78 per cent in the post-audit. Subsequent audit has shown further improvement with 87 per cent of women in January 2018 seen within 15 minutes of arrival.

The OTDA has affected a range of changes at WMH, including:

- a second staff member being routinely rostered in the MAU at times of higher activity to address delays in treatment times for unscheduled presentations
- creation of a dedicated obstetric triage space
- the introduction of urine pregnancy testing at triage in the ED for early identification of possible ectopic pregnancy.



Did you know?

The obstetric triage decision aid was a finalist in the Victorian Public Healthcare Awards 2018 Excellence in women's health award.

Mary McCarthy (pictured left) Nurse Unit Manager of the Mercy Hospital for Women ED developed the OTDA in 2011 to address deficits in the Australasian Triage Scale (ATS) and obstetric triage variation, to improve timely access to care and to prevent adverse outcomes for pregnant and postpartum women who presented to the ED.



VICTORIAN PERINATAL SERVICES PERFORMANCE INDICATORS

At Mercy Hospitals Victoria Ltd we deliver almost 10,000 babies a year and we provide exceptional care for some of the most complex pregnancies in Victoria. The Victorian Perinatal Services Performance Indicators 2016/17 report helps us continue to improve care for mothers and babies.



Staff surveys conducted before and after implementation showed significant improvement of the ODTA in self-rated confidence and competence to perform obstetric triage. Women presenting unscheduled to WMH with a problem during pregnancy or postpartum received timely access to clinical care based on urgency, with a resultant reduction in clinical risk.

Unscheduled presentations

— patients presenting with a problem during their pregnancy or after they have had a baby.

*Mercy Hospital for Women mums
Alicia and Jessica with baby John*

Induced labour and caesarean section

Indicators 1a and 1b provide an indication of obstetric interventions in low-risk first-time mothers.

Indicator 1a looks at the rate of labour induction. The rate of induction in this group of women was 4.9 per cent at both Mercy Hospital for Women (MHW) and Werribee Mercy Hospital (WMH). These rates were slightly higher than the state public hospital

average of 3.9 per cent and much lower than the private hospital average of 15.9 per cent.

Indicator 1b looks at the rate of caesarean section. The rate of caesarean section birth in this group of women was 16.1 per cent at MHW and 27.9 per cent at WMH. These rates compare with the state public hospital average of 16.1 per cent and private hospital average of 34.1 per cent. The caesarean section rate at

MHW was unchanged from the previous year, however the WMH rate increased 15.9 per cent on the previous year.

To continue improving our care we are:

- ensuring that the information provided to women about the benefits and risks of induction of labour and caesarean section are evidence-based and meet health literacy guidelines

- reviewing our booking systems, prioritisation and authorisation processes for induction of labour and caesarean sections
- improving our reporting and review by having monthly multidisciplinary clinic outcomes meetings
- implementing an initiative to improve care and reduce intervention rates by a structured and focussed care plan for women in their first labour.

Perineal tears

Indicator 1c reports on the rate of third and fourth-degree perineal tears, again in 'low-risk' first-time mothers giving birth vaginally. The rate of such tears at MHW was 3.2 per cent, an increase from 1.6 per cent in 2015. However, this is still a significant improvement on the 7 per cent seen from 2012-14 and lower than the state public hospital average of 5.4 per cent. The rate at WMH was 6.4 per cent, slightly higher than the state average but an improvement on the hospital's 2015 rate of 6.9 per cent.

To continue improving care we are:

- participating in the Women's Healthcare Australasia prevention of third and fourth-degree tear project. This project encompasses five components of care that when implemented together may reduce the risk of third and fourth-degree tears.

Fetal growth restriction

Indicator 3 reports on the rate of severe fetal growth restriction (FGR) in a single pregnancy undelivered by 40 weeks. This is an important indicator that reflects a service's ability to detect the very small-for-dates or growth-restricted fetus, and to ensure the timing of birth before they reach full term. The indicator is reported as the percentage of all babies delivered under the third centile of birth weight for gestation that were delivered at or beyond 40 weeks' gestation. The statewide public and private hospital average is 30.8 per cent. The rate at MHW is 33.6 per cent, slightly higher than the state average and an increase on the hospital's 2015 rate of 28.3 per cent. The rate seen at WMH is 35.8 per cent, similar to the rates seen in 2015 and 2014 but an improvement over the figure of 44.4 per cent seen in 2013.

To continue improving care we have:

- established a small-for-dates working party in 2016, which saw the introduction of a range of educational and procedural measures aimed at improving competence and confidence of clinicians in assessing fetal wellbeing during pregnancy

- established a working party to revise important aspects of routine antenatal care to ensure that women with higher risk pregnancies are referred to the most appropriate level of care provider, including increasing frequency of visits and obstetrician support.

Induced labour — starting labour artificially before its natural onset.

Perineal tears — lacerations of the soft tissue near the vagina following childbirth.

Small-for-dates fetus — a baby is considered small for dates if, at any stage of pregnancy, the baby's estimated weight on ultrasound or its birthweight at delivery is in the smallest category, generally meaning in the lowest 10 per cent of babies.

BONDING VIA BABYCAM

Mercy Hospital for Women facilitates new mothers watching and bonding with their babies in the first few minutes after a caesarean delivery.

The use of a BabyCam in operating theatres means new mothers do not miss out on the precious first moments after birth, including watching their baby's umbilical cord being cut and their baby's first nappy being put on.

BabyCam can decrease a mother's anxiety and helps with bonding, explains Perioperative Services Nurse Unit Manager Hana Alexander. "BabyCam dramatically changes those first minutes of parenthood, and it is hugely reassuring for many families," says Hana. She adds that the visual connection with the baby improves bonding, which impacts directly on breastfeeding success.

With one-in-three Australian babies born via caesarean section, Mercy Health anaesthetist Andrew Ross recognised that too many mothers were missing out on this important stage in the birthing process. He came up with the idea for BabyCam and former biomedical engineer Stephen Hatty designed the system.

"It's a wonderful innovation," Hana says. "It has given these parents the same privilege afforded to those who experience natural birth — the opportunity to participate in, to see, and to bond with their baby from its very first breath."

Resuscitaire — a birthing room bassinet that keeps newborns warm and features equipment for use in emergency situations.



Case study

Five years ago, Elizabeth Becker (pictured left) gave birth to baby Gabriel via emergency caesarean section. Gabriel was rushed to the resuscitaire and Elizabeth's first contact with her firstborn was 10 minutes later. On 21 August 2018, Elizabeth gave birth to Leopold. This time, her caesarean experience was dramatically different.

"This time, I got to see my baby as soon as he was pulled out, and I could then watch everything that was going on," Elizabeth says. "I couldn't stop smiling."

EXPANDING THE MERCY HEALTH BREASTMILK BANK

Mercy Health Breastmilk Bank — currently Victoria’s only breastmilk bank — will be expanding its services in the near future to give more of Victoria’s sick and premature babies access to pasteurised donated breastmilk.



Neonatal Consultant and Mercy Health Breastmilk Bank founder Dr Gillian Opie says, “I am excited that very premature and sick babies in other Victorian neonatal intensive care unit (NICU) nurseries will soon be able to have the benefit of pasteurised donor breastmilk in circumstances where their own mother is not able to supply sufficient breastmilk, as has been the situation for such babies at Mercy Hospital for Women (MHW) since 2011.”

Human breastmilk has substantial health benefits for babies, giving them the nutrients they need for growth and development into the future. However, despite best efforts, some mothers experience difficulty providing sufficient breastmilk for their premature baby and pasteurised donor breastmilk is able to supplement

Bertie, born at Mercy Hospital for Women

the gap. Donor breastmilk is also preferable to infant formula for reducing the risk of necrotising enterocolitis, a serious illness that affects premature babies’ digestive systems.

The Mercy Health Breastmilk Bank was established in 2011 with the support of Mercy Health Foundation. It collects, stores, and processes breastmilk donations from screened volunteer donor mothers who have recently given birth at MHW.

It provides pasteurised (heat-treated) human milk for very premature babies — those born before 32 weeks’ gestation or whose birthweight is below 1,500 grams or very sick older babies in the hospital’s NICU. Since 2011, the Mercy Health Breastmilk Bank has had 315 donors and 626 recipients, pasteurising more than 2,000 litres and providing 186 litres of breastmilk to babies in the past 12 months.

The expanded Mercy Health Breastmilk Bank will process donations of breastmilk provided by screened, approved donor



Neonatal Consultant and Mercy Health Breastmilk Bank founder Dr Gillian Opie in the Mercy Health Breastmilk Bank

women who have birthed within the past six months or who have a baby in one of the three other NICUs in Melbourne (at the Royal Women’s Hospital, Monash Medical Centre and the Royal Children’s Hospital).

The pasteurised breastmilk will then be provided to sick and premature babies at these three satellite sites and MHW. This collaboration of satellite sites is expected to triple the number of breastmilk donors and recipients in Victoria.



Bernie and Bertie’s story

Keen to support other mums and babies in need, Bernie Jennings (pictured left with her son) applied to the Mercy Health Breastmilk Bank to be screened as a breastmilk donor following the birth of her son Albert ('Bertie'). She empathised with mothers facing premature birth, illness or complications. “As a mum, one of the things I was worried about was getting sick and being unable to breastfeed,” she says. Bernie generously donated her breastmilk until her son was six months old — the recommended limit for donations.

EMPOWERING CHOICE

Werribee Mercy Hospital has introduced a Next Birth Clinic to support pregnant women to make the best birthing choice possible to ensure safe delivery of their baby following a previous caesarean or complex birth.

In March 2018, Werribee Mercy Hospital (WMH) launched its Next Birth Clinic. Established by WMH Director of Maternity Dr Jacqui Van Dam and Specialist Consultant Obstetrics and Gynaecology Dr Berna Venter, the clinic helps pregnant women make a well-informed decision around how they choose to give birth to their next baby.

Jacqui explains that many women are keen to have a vaginal birth following a caesarean, however it is not always the safest and best option.

“At the Next Birth Clinic we inform the mother of all of the options available and present the scientific facts around those options so that the mother can make the best and safest birthing choice for her and her child,” Jacqui says.

The clinic is not designed to encourage women to give birth naturally or by caesarean section; its only aim is to support women to choose the safest birth.

Next Birth Clinic patient Priya Sood expected she would have no choice but to have

a caesarean for her second birth after complications during the birth of her first child. “I was really surprised when Jacqui told me about the choices I had,” Priya says. “I feel more confident and comfortable knowing that I have all of the information to make the best choice possible and that I have had a say in how we have our baby.”



Did you know?

About 50 per cent of women who opt for a vaginal birth after a previous caesarean section end up needing a repeat caesarean. With targeted counselling and appropriate choice of birthing method, most Next Birth Clinic patients end up having their baby via their chosen method.

EDUCATIONAL VIDEOS

A series of short, educational videos on pregnancy and parenting are now playing in our Antenatal Clinic waiting rooms — thanks to valuable suggestions from our patients.

Women waiting for their antenatal appointments at Werribee Mercy Hospital and Mercy Hospital for Women (MHW) have been surveyed about their waiting room experience. The feedback has included suggestions to show educational videos in the waiting rooms, particularly for information specific to MHW.

In late 2017, the Outpatient Antenatal Clinic team produced a pilot series of evidence-based patient information videos in partnership with Mercy Hospitals Victoria Ltd staff and patients.

These were designed to:

- improve the experience of women in our waiting room
- give women the clinical information they need before their appointment
- give women the information they need for their maternity experience.

We surveyed women about what they wanted to know, reviewed their feedback for high-priority issues and considered what information might help facilitate Antenatal Clinic encounters.

Referring to our evidenced-based clinical guidelines, the team scripted the videos and recruited staff and patients for filming. Once filmed, the videos were shown to women in the Antenatal Clinic and postnatal ward for feedback.

Mercy Hospital for Women midwife Melinda (Mim) Kinnersley and Dr Megan Di Quinzio Head of Unit Waterdale Obstetrics



Your feedback

“Concise but informative”
 “Thorough”
 “To the point”
 “Simplistic and relaxed”
 “Explained well, clear”
 “Great idea!”

IF THINGS GO WRONG

Hospitals are complex environments and sometimes incidents do occur. At Mercy Hospitals Victoria Ltd, we are constantly seeking to improve incident reporting and patient safety.

Mercy Hospitals Victoria Ltd has a clinical governance program that works to improve the quality and safety of care we provide. Incident reporting is an important part of our clinical governance program, as it allows us to understand how things could and can go wrong.

Hospitals are complex environments and sometimes incidents occur that result in

harm to a patient. They include things like medication errors, falls and pressure injuries. At Mercy Health, we take all patient incidents very seriously. Incidents are investigated and reports are provided to our Executive, Board and Consumer Advisors.

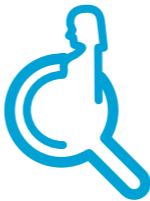
The most serious patient incidents are called sentinel events. In 2017/18, Mercy Hospitals Victoria

Ltd reported four sentinel events. All four sentinel events were reported to Safer Care Victoria and a formal investigation, called a Root Cause Analysis, was conducted. Each investigation resulted in a number of recommendations being made and implemented to improve the services we provide.



Changes that make a difference

In 2017/18, we made many improvements across our Health Services in response to incidents, including sentinel events, such as:



Maternity Observation and Response Chart

Implementing the Maternity Observation and Response Chart, which uses Human Factors Principles to make it easier for staff to recognise when a maternity patient's condition is deteriorating



Patient leave procedures

Reviewing patient leave procedures within Mental Health, which now include a routine assessment and an improved documentation tool



Electronic Medical Record

Implementing an Electronic Medical Record system in Mental Health to improve the timely availability of patient information



Best Possible Medication History

Running the Best Possible Medication History awareness campaign, which resulted in significantly improved compliance with checking medication history upon admission



Additional fridge

Installing an additional blood fridge at Mercy Hospital for Women to improve cold chain storage of this precious resource



Hospital in the Home

Implementing a new process for medical review in Hospital in the Home

Incidents — an event that harms or could harm a patient.

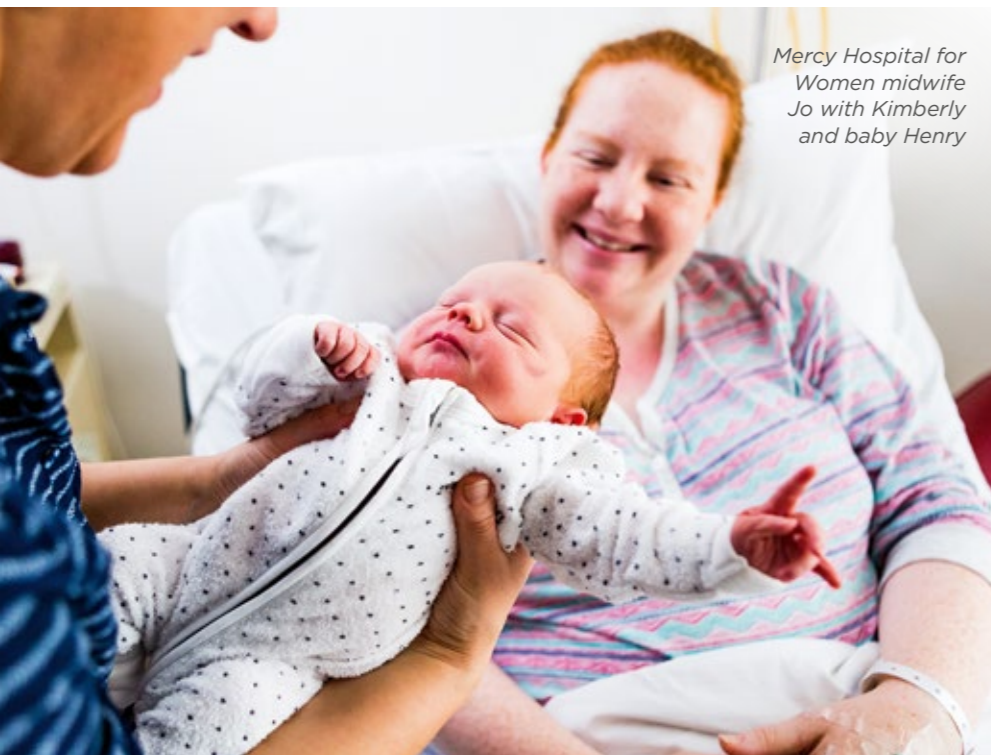
Sentinel events — these are unexpected events that result in death or serious harm to a patient while in the care of a health service.

Human Factors Principles — this examines the relationship between people, the tools they use in the workplace and their work environment. By understanding this relationship, things can be designed to make it easier to do work in the right way.

Best Possible Medication History — this is a medication history that is taken on the patient's admission.

CONTROLLING INFECTIONS

Mercy Health employs evidence-based tools to ensure patient safety. Our infection control toolbox includes surveillance, auditing, reporting and benchmarking. Key performance activities are reported to the Victorian Government and these are benchmarked to other health services throughout Victoria or Australia.



Mercy Hospital for Women midwife Jo with Kimberly and baby Henry

Prevention of infection in the Neonatal Intensive Care Unit (NICU) is also a key priority because we are caring for some of the most vulnerable babies. Our infection toolbox uses surveillance of central line bloodstream infections. Our line-related infections remain below the state average. NICU central line insertion practices are closely monitored to ensure sterility is not compromised. An observer, usually a nurse, will watch the operator's technique and will halt the procedure if sterility is compromised.

Staphylococcus aureus — a common germ that can live on skin; it can cause very serious illness if it enters the bloodstream.

VICNISS — a Victorian government-funded centre that collates and analyses healthcare-associated infections. The 'VICNISS aggregate' is a combination of all Victorian hospital data. We use it as a benchmark to compare our performance against other services.

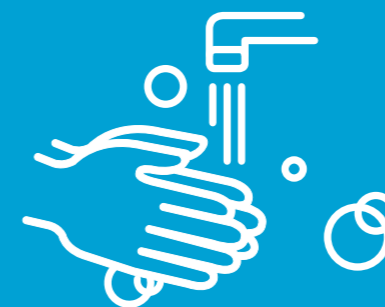
Methicillin Resistant Staphylococcus Aureus (MRSA) — an antibiotic-resistant type of Staphylococcus aureus.

Infection control toolbox — these are strategies we use to prevent infection, such as hand hygiene, regularly cleaning the environment, cleaning used equipment and isolating patients with infectious diseases.

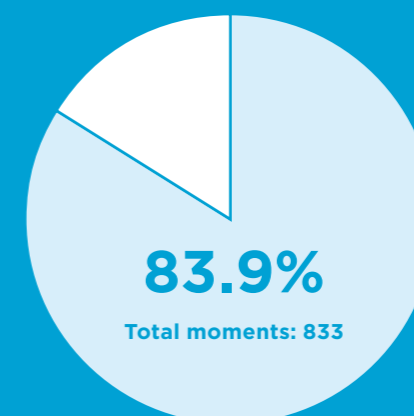
Central lines — a tube inserted into a large vein for the purposes of administering fluids/nutrition and monitoring vital signs such as blood pressure.

Staphylococcus aureus is a common cause of healthcare-associated infection and can cause serious illness and death. Staphylococcus aureus infections are often associated with clinical procedures, therefore they are potentially preventable. The rate of staphylococcus aureus bacteraemia (SAB) at Mercy Hospitals Victoria Ltd has continued to decline and is below the VICNISS aggregate. Our Methicillin Resistant Staphylococcus Aureus (MRSA) blood stream infection rate is also below the VICNISS aggregate.

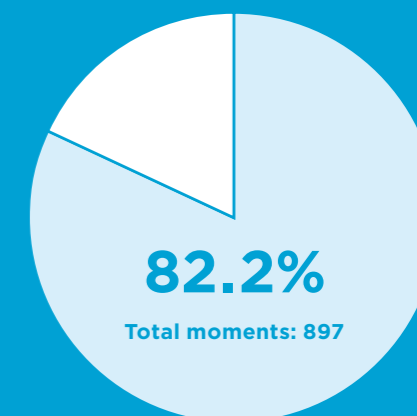
We continue to achieve low SAB and MRSA rates through initiatives such as hand hygiene audits. Hand hygiene is essential to help prevent infection. In 2017/18, we increased our hand hygiene audits from six to 11 wards. With the recent expansion of Werribee Mercy Hospital, future audits will also incorporate our new Intensive Care Unit. The results are reported to each clinical area and strategies are introduced to ensure that standards are maintained. Mercy Hospitals Victoria Ltd hand hygiene results are consistently above the national benchmark of 80 per cent. Our last audit results were 83 per cent.



Mercy Hospital for Women



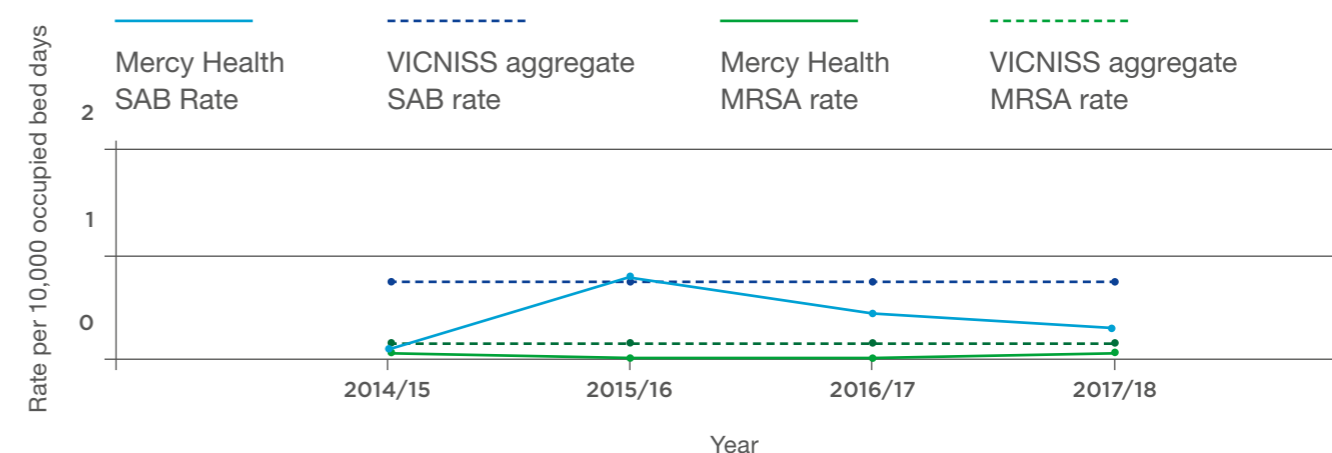
Werribee Mercy Hospital



National Hand Hygiene Initiative

The National Hand Hygiene Initiative (NHHI) was launched in 2008. It sets out a national approach to improving hand hygiene in Australian healthcare organisations. Healthcare services conduct hand hygiene audits three times a year. Both Werribee Mercy Hospital and Mercy Hospital for Women achieved above the national target of 80 per cent.

How Mercy Hospitals Victoria Ltd is performing against the VICNISS aggregate



Staphylococcus aureus bloodstream infections

Mercy Health has continued to see a downward trend for these types of bloodstream infections (blood poisoning). The infection control team actively monitors bloodstream infections and investigates each one. Evidence shows that good hand hygiene is important in preventing infection. Other strategies include disinfecting the skin before inserting an intravenous (IV) line, removing IV lines when they are no longer needed and observing the insertion site of each IV line.

PROTECTING AGAINST THE FLU

Protecting against influenza is important for everyone in the community, but especially for those who are already unwell in our hospitals and healthcare system. Our annual staff influenza vaccinations count among our most important safety strategies to protect vulnerable patients.

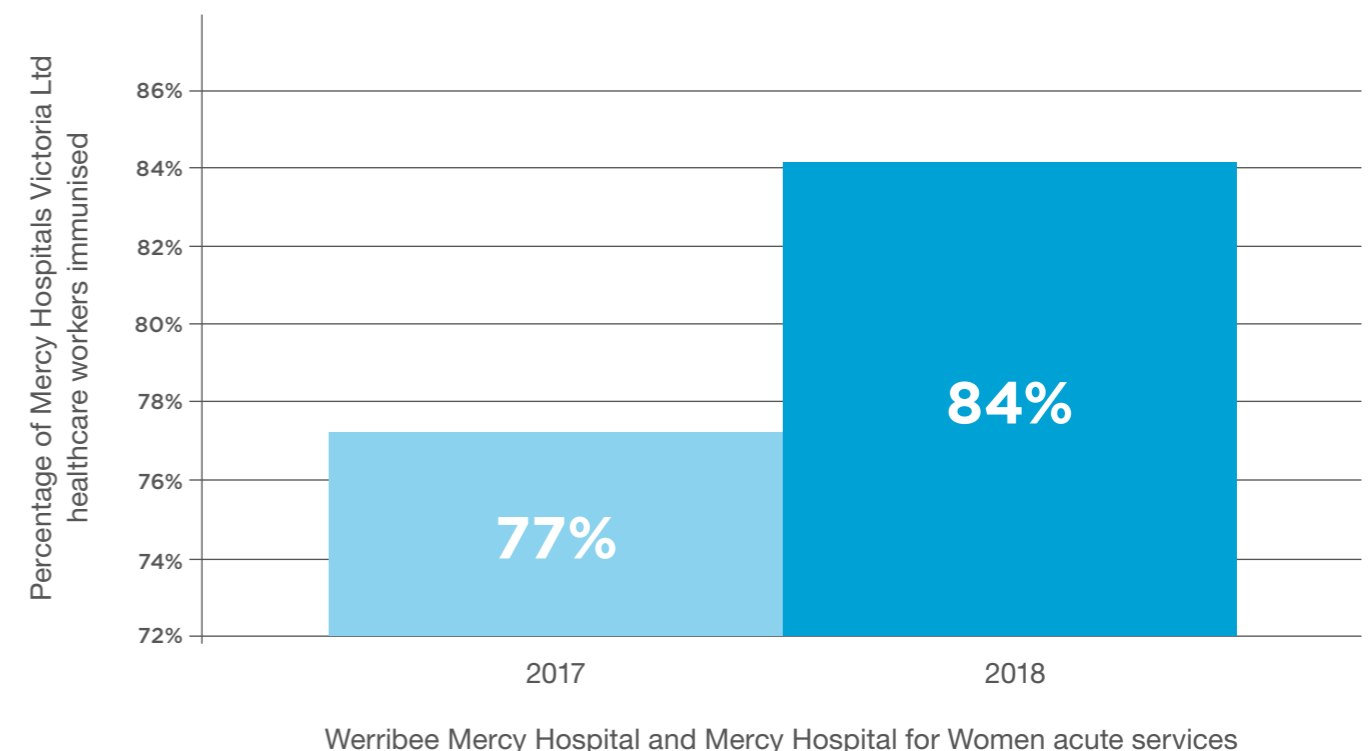


The goal of our 2018 staff health influenza vaccination campaign was an overall uptake rate greater than 80 per cent. Our acute services achieved 84 per cent — an improvement on 77 per cent in 2017. Qualified nurse immunisers rotated through various clinical areas, covering different shifts so that all

staff had a chance to receive the vaccine. We also held immunisation clinics for employees working in community settings, reaching Mercy Mental Health staff at Wyndham and Footscray, Mercy Palliative Care staff at Sunshine and Mercy Health O'Connell Family Centre staff in Canterbury.

We also vaccinate a large number of patients who are at risk of serious illness if they get the flu. These include patients in the Renal Dialysis Unit and our Antenatal Clinics, and other eligible patients before they are discharged home.

Employee uptake of flu vaccine



How to prevent the spread of flu

The most effective way of preventing the spread of the disease is vaccination. Other methods of prevention include:

- 'cough etiquette' — covering your mouth and nose when you cough or sneeze
- washing your hands regularly; this is especially important after using a tissue or being in contact with someone you know is sick
- staying home if you do become sick, including not visiting the hospital; 'soldiering on' with the help of cold and flu tablets does not mean you are no longer infectious, it just masks your symptoms and puts others around you at risk.



ACCREDITATION: CAUSE FOR CELEBRATION

After 12 months of intense preparation, Mercy Hospitals Victoria Ltd staff were rewarded when surveyors confirmed we had achieved full accreditation against the National Safety and Quality Health Service Standards and National Standards for Mental Health Services.

In October 2018, Mercy Hospitals Victoria Ltd hosted nine Australian Council for Healthcare Standards (ACHS) surveyors for a week for assessment against the [National Safety and Quality in Health Service Standards](#), National Standards for Mental Health Services, and Human Services Standards.

This comprehensive assessment, known as an Organisation-Wide Survey, occurs every three years and includes a range of steps from walk-throughs of clinical areas to interviews with patients and staff.

The surveyors were impressed by our robust systems and processes that support the safe and high-quality care we provide to our patients. They commented on our strong and positive culture and the 'can do' approach displayed

by our staff. We were also highly commended for the way in which staff authentically live the Mercy Health values every day.

"It was great that the work that happens across our services was recognised as making such a valuable difference in the lives of the communities we serve," says Mercy Health – Health Services Chief Executive Adjunct Professor Linda Mellors.

Mercy Health was awarded full [accreditation](#) following the assessment, with all standards met and no recommendations made. Five actions were awarded a Met with Merit, including how we engage with the people for whom we care in the governance of our services and how we involve people in the development of patient information.

"The team was impressed with the values of the organisation, which was reflected within all conversations with staff."

"The survey team met many staff who expressed positivity, passion and pride of working for Mercy Health."

Quotes from our Australian Council for Healthcare Standards report

[National Standards](#) — the National Safety and Quality in Health Service Standards ('National Standards') are used to assess health services across the country in a three-yearly accreditation process.

To learn more about National Standards and Accreditation, visit nationalstandards.safetyandquality.gov.au.

[Accreditation](#) — an independent review process aimed at identifying whether quality standards are reflected in practice.



Our achievements

100 per cent of National Standards criteria met across all accredited sites (256 criteria)

100 per cent of additional criteria met by Mercy Mental Health (70 criteria)

100 per cent of additional criteria met by Mercy Health O'Connell Family Centre (16 criteria)

Five actions awarded **Met with Merit** (the highest level of achievement)

All previous recommendations closed, with no new recommendations made

MENTAL HEALTH

Valuable feedback from our clients and carers, in addition to performance data, helps Mercy Mental Health continue to improve our care for people with a mental illness.

Mercy Mental Health (MMH) collects and reports performance data on various aspects of care in mental health. We compare our data to previous years and that of our peers in order to identify areas for improvement.

Our performance in 2017/18

Seclusion of a patient may be required in certain circumstances in which the health and safety of the person or others are at risk. Seclusion is highly monitored and regulated and is only considered after all other options are exhausted and as such is considered a restrictive

intervention. In 2017/18, our seclusion rate was 15/1,000, meeting the target of $\leq 15/1,000$.

Other restrictive interventions we monitor include the use of [mechanical and physical restraint](#). Our data for 2017/18 shows we had 121 episodes of mechanical restraint involving 93 people — a rate of 2.3 episodes a week. We had 11.2 episodes of physical restraint involving six people — a rate of 2.6 episodes a week.

Efforts to reduce restrictive interventions

A MMH review of restrictive interventions between July

2016 and August 2017 made recommendations including revision of guidelines and tools to support staff in caring for people who had high-risk behaviours, or were substance affected, or were waiting for long periods for treatment in the Emergency Department (ED). The recommendations were implemented with subsequent changes to risk assessment tools, guidelines and training for staff. Notably, since opening more adult inpatient beds in 2018, the waiting period in the ED has reduced. MMH remains focussed on providing care in the least restrictive means possible.

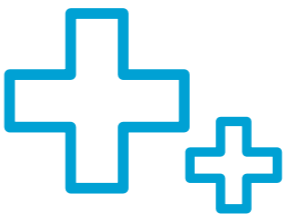


Mercy Mental Health Clinical Nurse Consultant Emily

Putting good ideas into practice

You said	We did
We all need a treatment and recovery plan.	Every person has a treatment and recovery plan developed within six weeks of initial contact (noting this is often sooner for people who are subject to treatment under the Mental Health Act).
You need to involve carers more in the discharge process.	Discussion and consultation has occurred with carers regarding discharge planning for people at least three months before discharge.
People accessing mental health services need to know their rights.	We inform all people accessing mental health services of their rights and support them to access resources and advocacy during their treatment period. This includes an information pack when they begin treatment with a Mercy Mental Health service.
You need to clarify who is a visitor on the inpatient units.	We have introduced visitor badges and sign-in sheets in inpatient units to help identify who is in the unit, and we have developed a visitor's information sheet.
Rental fees at the Community Care Unit (CCU) are too high.	Following feedback that high costs of admission may reduce opportunity for some people to take part in this treatment option, a review of the feasibility of reducing rental costs in the residential rehabilitation service (CCU) resulted in a change to payment schedule and exploration of opportunities to increase revenue from non-rental sources.
I would like to know when I am seeing the doctor when I am an inpatient.	People accessing mental health services now have predictable, regular appointment times to see their treating doctor in an inpatient unit following feedback that uncertainty around appointments can lead to distress or conflict.

Other key initiatives in 2017/18



Junior Medical Workforce

We appointed a Director of Training, Junior Medical Workforce, who is in the process of developing a psychiatric registrar training program. We have previously found it hard to attract and retain medical staff. Our goal is to develop a sustainable and skilled junior medical workforce.



Recovery plans

We introduced recovery plans in our adult inpatient units and Mother Baby Unit. These plans are client-held with the input of staff and carers, and will transition to the community if the person accessing mental health services has further treatment after an inpatient admission. This is important for continuity of care for the client, their families and carers and reduces the need for them to repeat their story.



Women-only wing

MMH has a women-only area with a number of rooms in one of the adult inpatient units, enhancing safety for women who have an admission.



Family friendly spaces

Many people who access MMH are parents or carers and our recovery framework takes a whole-of-person approach to care. By providing physical environments that are welcoming to children and families, we support people to continue in their important parent or carer role while having treatment.

Mechanical restraint — the use of devices (including belts, harnesses, manacles and straps) in order to restrict a person's ability to move around

Physical restraint — 'hands-on' action taken to prevent a person from moving and to protect them from harming themselves or others

Mother Baby Unit — a mental health inpatient unit at Werribee Mercy Hospital where mothers and babies can be admitted to receive care for mental health conditions from birth until the baby is 12 months old

ELECTRONIC MEDICAL RECORDS IN MENTAL HEALTH

Our new Mercy Mental Health Electronic Record (MerMHER) Project is helping us deliver safer, more reliable care for our patients.

The MerMHER Project kicked off in 2016 with the aim of providing an Electronic Medical Record (EMR) solution to solve the problem of access to clinical information at the point of care. Mercy Mental Health provides adult and perinatal mental health services across a broad geographical catchment and from six different physical locations. People who access our service do so from different teams located at different sites, making it challenging to access clinical information at the point of care.

The MerMHER Project involved a multidisciplinary team of mental health clinicians, [health informatics](#), patient administration, quality, information technology

and project management. The team worked together to determine the project requirements, selection of the EMR product and implementation.

The new EMR platform, known as MasterCare, was implemented across all mental health teams using a staggered approach from September 2017 and is to be completed by November 2018.

The EMR improves safety in the following ways:

- clinical alert information is readily accessible each time a person's file is accessed
- people's information is more readily accessible
- allergy information interacts

with the medication prescribing module

- electronic prescribing reduces the risk of handwritten transcription errors
- [contraindications](#) are displayed within the medication prescribing module.

In June 2018, 117 mental health staff responded to a post-implementation survey and provided feedback on their experience of using the MasterCare EMR. From this feedback, a list of key priority areas have been identified. These key priority areas form the basis of quality improvement activities overseen by the governing committee, which is working closely with the vendor.

Benefits of MasterCare	What clinicians say
Access to clinical information provides real-time access to people's information, resulting in a better care experience.	"Information is more readily available as opposed to paper files"
Improved care coordination for people, managed by multiple teams across multiple sites. Clinicians can now simultaneously access, view and update a person's file from any location.	"Has the benefit of being aware of the full picture of recovery"
Having an EMR means clinical information is easier to locate.	"All the records are in one place"

Health informatics — the interdisciplinary study of the design, development, adoption and application of IT-based innovations in healthcare services delivery, management and planning

Contraindications — a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient



END-OF-LIFE CARE

Provision of palliative care in the acute hospital means that all patients — not just those in our palliative care units — have access to palliative care.

The Australian Commission on Safety and Quality in Health Care's National consensus statement: Essential elements for safe and high-quality end-of-life care provides recommendations for end-of-life care in acute hospitals.

A palliative care consultancy team works in our acute wards. In 2015, only seven per cent of all referrals to the palliative care unit (the Gabrielle Jennings Centre for Palliative Care) came from acute care. In 2017, this has increased to 22 per cent, demonstrating increased availability of palliative care to patients in the acute ward. This will become increasingly

important with the opening of the region's first Intensive Care Unit at Werribee Mercy Hospital in August 2018.

Mercy Hospitals Victoria Ltd has introduced a national benchmarking program, Palliative Care Outcomes Collaboration (PCOC), for patients assessed by the palliative care consultancy team in the acute wards. PCOC, which is already in place in our inpatient and community palliative care, provides a biannual report that benchmarks us against other providers nationally. The teams use PCOC data to develop ongoing quality improvement plans.

The Gabrielle Jennings Centre for Palliative Care inpatient unit's PCOC scores are exemplary and competitive with national benchmarks. The collaboration and shared expertise of the palliative care team continues to ensure that end-of-life care in the inpatient palliative care unit and acute wards is maintained at the highest standard. To continue improving access to palliative care in the acute setting, we have held palliative care study days for staff on acute wards in 2017/18.

Acute care — care that is aimed at cure, as opposed to chronic care in which we aim to return a person home in the best condition possible

CARING AROUND THE CLOCK

By delivering care at any time of day or night, Mercy Palliative Care's award-winning new specialist 24/7 service is making a world of difference to patients and their loved ones.

Mercy Palliative Care launched its specialist 24/7 service on 9 April 2018. The service, which won the Catholic Health Australia Outreach Healthcare Award in August 2018, means every palliative care patient who calls for assistance now has access to specialist care 24 hours a day, seven days a week. This contrasts with the previous model in which overnight visits were provided by an external service provider.

"With our specialist overnight service, we hope to provide holistic end-of-life care for individuals and their families whenever they need it," says Mercy Palliative Care Manager Fran Gore.

In the first six weeks following introduction of the service, 89 patients were visited by a palliative care nurse between the hours of 10:30pm–7am. In the six weeks prior to that, generalist nurses provided advice to 64 patients and only 25 of these were provided a home visit.

"Patients and their families are greatly comforted by the increased access to specialist care, giving them improved quality of end-of-life care," Fran says.

Although it is very early days, there is evidence to suggest that the introduction of the 24/7 service has also increased the

likelihood of Mercy Palliative Care patients living and dying in their place of choice. In April and May the key performance indicator for place of choice of death was below our 60 per cent target. However, it is trending upward with 67 per cent in June and 74 per cent in July 2018.

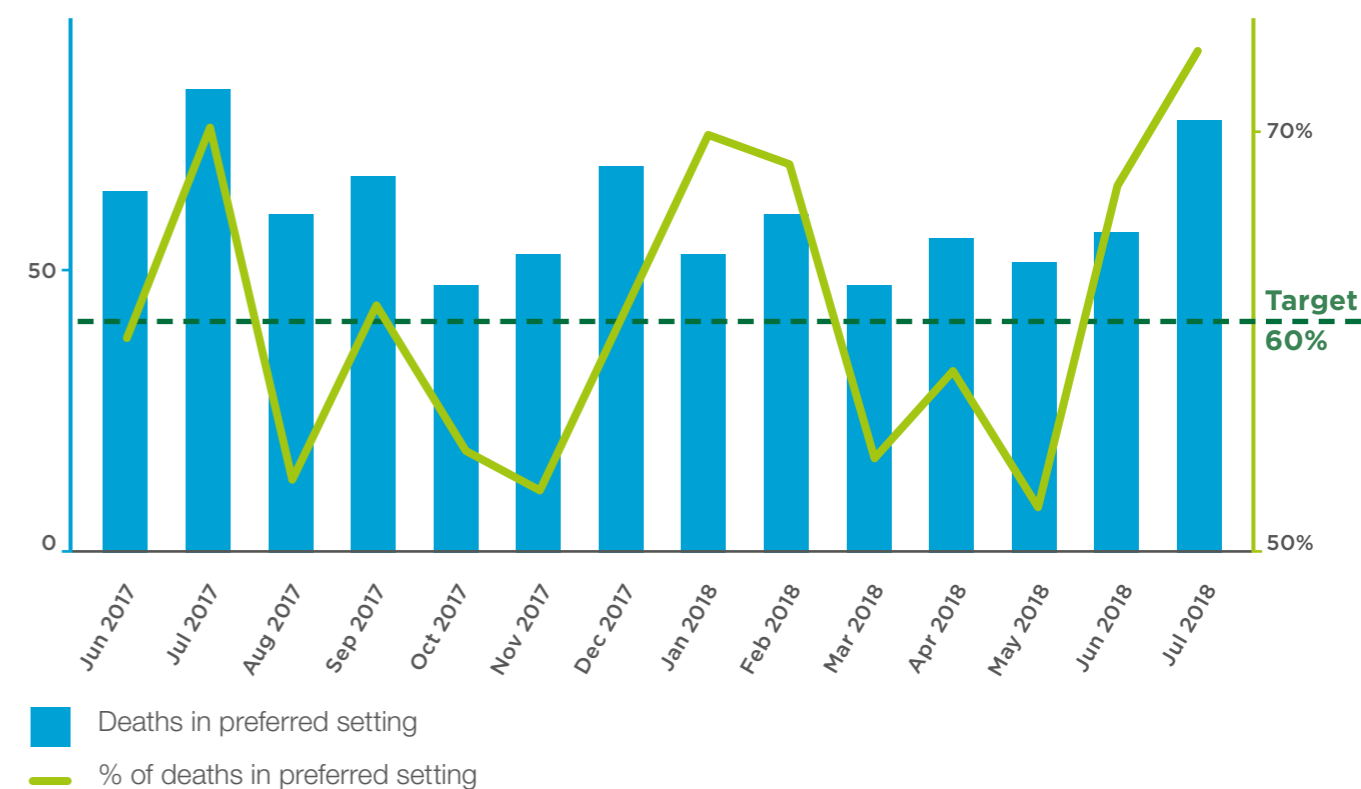
Palliative care — specialised care provided by healthcare professionals with specific training and experience to support patients with a life-limiting illness as well as their families



Advance care planning

Mercy Health encourages advance care planning for patients in acute care in particular, to encourage them to consider and make decisions about quality of life. See page 55 for more information about advance care planning.

Patients dying in their place of choice



ADRIAN AND GWYN'S STORY

Palliative care patient Adrian Cervetto and his wife Gwyn fear to think how unmanageable and lonely their situation would be without Mercy Palliative Care's new 24/7 specialist service.

Adrian started receiving 24/7 specialist care in April 2018 after receiving the devastating news that his cancer was incurable.

"The alternative to receiving treatment in the comfort of our home is going to a hospital and sitting in an emergency department for a couple of hours, if not longer," Adrian says. "There really is no comparison."

Adrian and Gwyn are effusive in their praise of the staff who phone and visit them, sometimes as many as three times a night.

"They are exceptionally caring, considerate and forthcoming with anything that we require," says Adrian.

Equally important is the emotional accompaniment the service

provides at such a vulnerable time. "To have someone there that I can talk to is such a comfort," says Gwyn. She says the service and the staff are wonderful: "They are my angels, really."

"Very much so," Adrian adds, "With golden wings, believe me."

Adrian and Gwyn Cervetto



MEDICAL TREATMENT PLANNING AND DECISIONS ACT

The Medical Treatment Planning and Decisions Act 2016 (the Act), which came into force in March 2018, provides a framework for making decisions about medical treatment when people do not have the capacity to do so themselves.



The Act allows patients to complete an instructional advance care directive. This is a legal document that allows people to plan ahead for when they no longer have capacity to make decisions. Patients can also complete a values directive, which guides their Medical

Treatment Decision Maker to make decisions on their behalf when they do not have decision-making capacity.

Patients are not obliged to have either a written advance care directive or written appointment of a Medical

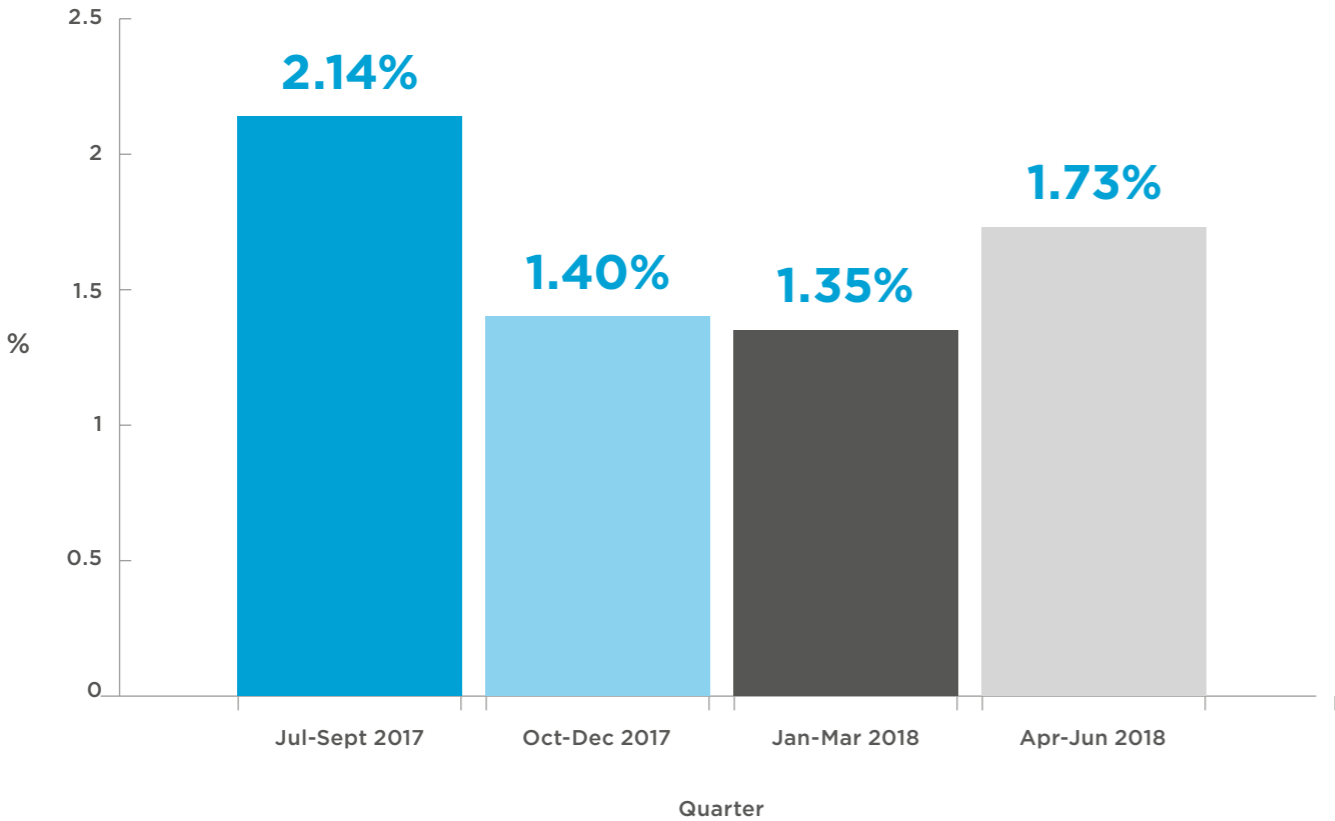
Treatment Decision Maker, however we encourage patients to plan for their future healthcare.

Mercy Hospitals Victoria Ltd is working to increase awareness of advance care directives and appointed Medical Treatment Decision Makers.

We have seen a six per cent increase in the number of patients aged over 75 years of age with an advance care directive or an appointed Medical Treatment Decision Maker since the Act was introduced in March 2018. Overall, the percentage of patients over 75 years of age with an Advance Care Directive or Medical Treatment Decision Maker is lower than we would like despite the rate improving in the final quarter of the financial year, following introduction of the Act.

In order to increase awareness and participation we are implementing a number of initiatives. We have educated our staff about the new Act. We now ask all patients who present to our hospitals whether they have an advance care directive and an appointed Medical Treatment Decision Maker. If they do not, our staff will provide them with all the information they need.

Percentage of Mercy Health patients over the age of 75 years with an advance care directive in place



Mercy Hospitals Victoria Ltd also shifted our focus to include patients in our Health Independence Programs and community palliative care program. Staff within these areas are now able to educate and encourage patients with chronic disease and life-limiting conditions to consider their future healthcare.

Instructional advance care directive — an express written and witnessed statement of a person's medical treatment decision, which takes effect as if they had consented to or refused the medical treatment

Values directive — a written and witnessed statement of a person's values and preferences for their medical treatment

Medical Treatment Decision Maker — a person appointed in writing to provide consent for medical treatment if a person does not have decision-making capacity and requires medical treatment.

If a person has not appointed a Medical Treatment Decision Maker, there is a hierarchy to appoint one:

1. A guardian by the Victorian Civil and Administrative Tribunal.
2. The first adult with whom the person has a close and continuing relationship, of:
 - spouse or domestic partner
 - primary carer
 - oldest adult child
 - oldest parent
 - oldest adult sibling.

DAVE'S STORY

Dave's story demonstrates how having conversations about future care and documenting wishes can improve a patient's experience at the end of life.

For some patients, ensuring that their wishes are followed is vitally important — even if they cannot speak for themselves at the time.

Dave* was referred to our Health Independence Program (HIP) earlier this year for lung rehabilitation. He had a number of health issues which meant that breathing and activities of his daily life were becoming increasingly hard to complete. However, it was important to Dave to be able to work for as long as possible, and he was eager to engage in rehabilitation. He talked about his quality of life and what was important to him.

Dave had spoken to his lung specialist about treatments that might help him live longer, and how his disease might progress. A HIP nurse asked him about his wishes for future care and planning. Dave was very clear

that he would not wish to be resuscitated. Dave's wishes were noted in his Mercy Health medical record and communicated to his family.

When the Victorian Government passed its new legislation, Dave completed an advance care directive. He provided a copy to Mercy Health staff who placed it on his medical record. Dave also appointed his wife as his Medical Treatment Decision Maker.

As Dave's health deteriorated he was referred to Mercy Palliative Care. His advance care directive was acknowledged and further discussions were had with Dave and his family in preparation for end-of-life care. The family was full of praise for the care they received.

**Name has been changed.*





Werribee Mercy Hospital
nurse Trisha

OUR PEOPLE

PEOPLE MATTER SURVEY

Employee engagement and job satisfaction are on the upswing according to results from a key Health Services staff survey, which has also helped identify areas for improvement.

Over three weeks in April and May 2018, 1,563 staff from our Victorian and New South Wales Health Services participated in our anonymous People Matter Survey. The feedback gathered is grouped into themes, such as 'wellbeing' and 'diversity and inclusion'. The results demonstrated improvement in employee engagement and

a significant increase in job satisfaction compared with our 2016/17 results. In areas such as wellbeing, results were consistent with our peers, however they also provide opportunities for improvement.

Mercy Health received the following responses to patient safety culture questions*:

- 79 per cent agreed that patient care errors are handled well in their work area (up from 74 per cent in 2016)
- 64 per cent agreed that this health service does a good job of training new and existing staff (up from 58 per cent)

Werribee Mercy Hospital nurse Skye



- 85 per cent agreed that they are encouraged by their colleagues to report any patient safety concerns they may have (up from 83 per cent)
- 70 per cent agreed that the culture in their work area makes it easy to learn from the errors of others (up from 65 per cent)
- 65 per cent agreed that trainees in their discipline are adequately supervised (up from 62 per cent)
- 79 per cent agreed that their suggestions about patient safety would be acted upon if they expressed them to their manager (up from 74 per cent)
- 79 per cent agreed that management is driving them to be a safety-centred organisation (up from 71 per cent)
- 77 per cent agreed that they would recommend a friend or relative to be treated as a patient here (up from 74 per cent).

**Response options included strongly agree, agree, neither agree nor disagree, disagree, strongly disagree and don't know.*

How we are using this feedback

This feedback reinforces that communication and wellbeing are important to Mercy Health employees. Our performance in training and supervision, while lower than we would like, show improvements against our 2016 results. They are also consistent with results across the health sector.

Action plans developed in response to the results of the People Matter Survey include strategic initiatives determined by our leadership team. Mercy Health continues to actively collaborate with our Employee Assistance Program provider, Converge International, to deliver a range of training sessions to address areas of concern, such as stress, mindfulness and wellbeing. To further support the psychological wellbeing of our employees, Mercy Health is exploring delivering Schwartz Rounds. These rounds offer employees

a regular, scheduled time to openly and honestly discuss the social and emotional issues they face in caring for patients and families. We are also engaging the Cognitive Institute to deliver training to address safety and workplace culture.

STRESSWISE

In 2017/18, Mercy Health continued to implement the Health & Wellbeing and Workgroup Effectiveness Assessment ('Stresswise') program in three additional Health Services departments.

Employees from Werribee Mercy Hospital (WMH) Maternity Services, the Mercy Hospital for Women postnatal/antenatal ward and the WMH surgical ward were actively involved in identifying key priority areas from the Stresswise report for their areas and considering initiatives that support employee wellbeing. Local initiatives implemented included:

- Above and Below the Line Behaviour training, in which employees commit to treating each other with respect and respectfully calling out below-the-line behaviour
- introducing earlier and later shifts for the Education Team, so that education is more accessible to employees
- developing the maternity leadership group through dedicated study, planning and upskilling days for

Associate Unit Manager (AUM) and Clinical Midwife Specialists

- changing the way information and workplace change is communicated
- introducing Traffic Light Conversation Training to support difficult conversations.

Two of the three departments saw a significant reduction in their personal leave ratio from February 2017 to February 2018. One of the two had a notable reduction of 6.73 per cent. The implementation of initiatives from the Stresswise program is likely to have contributed to this positive change.

Implementation of the program in Mercy Hospital for Women Neonatal Services commenced in June 2018, with evaluation to be undertaken later in the year.

Personal leave ratio — a measurement used by an organisation to determine the percentage of personal leave an employee has taken. Mercy Health's target for personal leave ratio is less than four per cent. This ratio is calculated by any hours taken as personal leave, divided by the employee's total hours.

Responses

The response rate from our 2018 People Matter Survey was **60 per cent**, up from **51 per cent** in 2016, and higher than the Victorian state average of **47 per cent**.



To ensure that the Stresswise process is front of mind and to celebrate the achievements that have been made since the beginning of the program one of the departments has created an area dedicated to the changes that have taken place

WHOLE SELF @ MERCY HEALTH

In November 2017 Mercy Health launched its LGBTIQ staff support network, Whole Self @ Mercy Health.

Mercy Health is committed to creating an environment in which all people, regardless of their individual differences, can enjoy a safe and inclusive environment. This means a workplace culture that does not just ‘tolerate’ or ‘accept’ diversity, but openly embraces it.

The Whole Self @ Mercy Health Steering Group originally aimed to have 20 members by end of June 2018, comprising staff who identify as LGBTIQ, as well

as allies. There are currently 76 members.

Endorsed by the Group CEO, the steering group includes Chief Executive — Health Services Adj Prof Linda Mellors as chair and executive sponsor, with LGBTIQ representatives and allies from across the organisation. The group publishes a quarterly newsletter. In May 2018, Mercy Health recognised International Day Against Homophobia, Biphobia, Intersexism and

Transphobia by publishing a poster and video. Our Community Advisory Committee also includes representation from LGBTIQ communities.

The steering group has undertaken a gap analysis against both the LGBTI-inclusive practice audit tool for health and human service organisations and the Self-assessment and planning tool for LGBTI inclusive aged care. Both these tools are used by organisations to get a sense of how LGBTI-inclusive they are. An action plan has been developed to ensure Mercy Health is a respected employer and health service provider to LGBTIQ communities.

LGBTIQ — lesbian, gay, bisexual, transgender, intersex and queer/questioning

Ally — a straight ally is someone who personally advocates for inclusion of their LGBTIQ colleagues

Group Chief Executive Officer Adjunct Professor Stephen Cornelissen, Adjunct Professor Linda Mellors Chief Executive — Health Services



PARTNERSHIP WITH EPIC ASSIST

Mercy Health appreciates that with one in five Australians impacted by disability, we have a responsibility to not only care for those affected, but to provide meaningful employment to those seeking it.



Mercy Health practises a ‘person-centred’ model of care, which applies not only to the people we serve who have a disability but to those who choose to work with us. To date, we have completed a successful pilot with disability services organisation EPIC Assist, by offering employment opportunities to people with disability.

Mercy Health is committed to providing an environment that is equitable and dignified for our employees and those accessing our services, and we look forward to publishing our first Accessibility Action Plan in the near future.

Kym Vassiliou Corporate Account Manager Epic Assist, Alicia Thomas Organisational Development & Diversity Manager Mercy Health, Michael Dickens Payroll Clerk Mercy Health and Robyn Steven Transition Specialist EPIC Assist

