



Mercy Health

Care first



2017/18 | Mercy Hospitals Victoria Ltd

REPORT OF OPERATIONS

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*Cover: Alicia and Jessica with baby John;
Baby Eamon at Mercy Hospital for Women;
Nurse Lisa with patient Antonina at
Werribee Mercy Hospital*

WELCOME

In accordance with the Financial Management Act 1994, we are pleased to present the Report of Operations for Mercy Hospitals Victoria Ltd for the year ending 30 June 2018.

Welcome to the Mercy Hospitals Victoria Ltd Report of Operations for 2017/18.

It has been a year of milestones for Mercy Hospitals Victoria Ltd, with our health services awarded National Standards Accreditation late last year and a major redevelopment of Werribee Mercy Hospital almost complete. With the support of the Honourable Jill Hennessy MP, Minister for Health, we were thrilled to announce an expansion of the Mercy Health Breastmilk Bank to support more mothers and babies in need around Victoria; we launched a cutting-edge new website designed to better support patients through their healthcare journeys; and we validated Mercy Hospital for Women's obstetric triage decision aid to reduce clinical risk for women presenting to a general emergency department. Meanwhile, in partnership with the University of Melbourne, Mercy Perinatal continues to solidify its international reputation as a three-pillar centre of excellence in clinical care, education and research.

The current and emerging needs of our communities remain front of mind, inspiring imagination, innovation and continuous improvement to our care and services. We remain committed to implementing an electronic medical record and were pleased with the positive feedback from the Department of Health and Human Services regarding our submission. We look forward to working with the Department with regard to funding and future implementation. Meanwhile, we celebrate and congratulate the Victorian Government for their support of the Werribee Mercy Hospital Stage 1C redevelopment, while acknowledging the challenges that lie ahead with the Wyndham population set to soar in coming decades. We look to the example set by the Sisters of Mercy, whose Foundress Catherine McAuley balanced great vision with exemplary stewardship in order to care for the most vulnerable and needy people in her community and beyond.

Like Catherine, our focus is on seeking out the greatest needs of our time and responding to these with compassion and commitment. Articulated in the recently launched Mercy Health Strategic Framework 2018–22, our mission is to bring God's mercy to those in need. We thank the Victorian Government for their ongoing support and for partnering with us to support the healthcare needs of our growing communities.



Mr Julien O'Connell AM

Chairman

A handwritten signature in dark ink, appearing to read 'Julien'.



**Adjunct Professor
Stephen
Cornelissen**

*Group Chief
Executive Officer*

A handwritten signature in dark ink, appearing to read 'Stephen Cornelissen'.

INTRODUCTION

Providing responsive and compassionate healthcare is central to our mission at Mercy Hospitals Victoria Ltd.

Every day, our skilful and committed staff work hard to achieve the very best possible health outcomes for our patients. Our values underpin all that we do, and I was extremely proud that this was recognised as an organisational strength when we achieved Nationals Standards Accreditation in October 2017.

Our services have continued to grow throughout the year, especially at Werribee Mercy Hospital where population growth in the south western metropolitan corridor has placed exceptionally high demand on all of our services. The additional capacity offered by the Stage 1C expansion will significantly improve access for people living in the west when it opens in August 2018.

Across our other services and facilities, there have been many notable milestones and achievements, and it is with great pride that we share these with you in this year's Report of Operations.

We remain extremely grateful for the many community-based organisations and agencies that partner with us in our daily endeavours to put care first, and we extend our gratitude to the Victorian Government for its ongoing support.

**Adjunct Professor
Linda Mellors**

Chief Executive – Health Services



FINANCIAL RESULTS

Our operating result

Despite the somewhat challenging and fragmented funding allocations throughout the year, Mercy Hospitals Victoria Ltd delivered a close to break-even operating result. This result was underpinned by achieving 98.4 per cent of the WIES target. Challenges included the impact of significant hydraulics works at Mercy Hospital for Women and the lead-in commissioning process for the Werribee Mercy Hospital Stage 1C expansion. Improvements in National Emergency Access Target (NEAT) indicators in the latter part of the year were noteworthy. Demand within the Werribee Mercy Hospital Emergency Department also had an impact, particularly in relation to mental health-related presentations where one-on-one staffing supervision is often required.

The financial result for 2017/18 was a net deficit before capital and specific items of \$0.280m compared to a gain of \$2.254m in the preceding year. The net result for the year of \$50.329m included \$58.449m of capital purpose income, partially offset by depreciation costs of \$7.706m.

| | 2018 \$000 | 2017 \$000 | 2016 \$000 | 2015 \$000 | 2014 \$000 |
|---|---------------|---------------|---------------|---------------|---------------|
| Total revenue | 411,938 | 359,916 | 312,912 | 281,911 | 273,383 |
| Total expenses | 361,475 | 330,839 | 302,116 | 279,923 | 261,942 |
| Other operating flows included in the net result for the year | (134) | 1,498 | 817 | 892 | - |
| * Operating result | (280) | 2,254 | 797 | (231) | 4,122 |
| Total assets | 220,744 | 147,830 | 119,302 | 101,336 | 95,424 |
| Total liabilities | 90,556 | 67,971 | 68,520 | 61,350 | 57,426 |
| Net assets | 130,188 | 79,859 | 50,782 | 39,986 | 37,998 |
| Total equity | 130,188 | 79,859 | 50,782 | 39,986 | 37,998 |

*The operating result is the result for which the health service is monitored in its Statement of Priorities also referred to as the net result before capital and specific items.

ATTESTATIONS

Data integrity

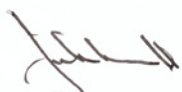
I, Julien O'Connell, certify that Mercy Hospitals Victoria Ltd has put in place appropriate internal controls and processes to ensure that reported data accurately reflects actual performance. Mercy Hospitals Victoria Ltd has critically reviewed these controls and processes during the year.

Conflict of interest

I, Julien O'Connell, certify that Mercy Hospitals Victoria has put in place appropriate internal controls and processes to ensure that it has complied with the requirements of hospital circular 07/2017 Compliance reporting in health portfolio entities (Revised) and has implemented a 'Conflict of Interest' policy consistent with the minimum accountabilities required by the VPSC. Declaration of private interest forms have been completed by all executive staff within Mercy Hospitals Victoria Ltd and members of the board, and all declared conflicts have been addressed and are being managed. Conflict of interest is a standard agenda item for declaration and documenting at each executive and board meeting.

Mr Julien O'Connell AM

Chairman, Mercy Health
17 July 2018



MERCY HOSPITALS VICTORIA LTD

Mercy Hospitals Victoria Ltd (formerly Mercy Public Hospitals Inc) is a Denominational Hospital per Schedule 2 of the Health Services Act 1988 (Vic).

Mercy Hospitals Victoria Ltd forms part of Mercy Health, a Catholic not-for-profit organisation which provides a range of health, aged and community care services to communities in Victoria, the Australian Capital Territory, New South Wales, Western Australia and Queensland. Mercy Health works closely with government to identify and respond to current and emerging health needs in our communities. We acknowledge the generous support offered by the Victorian Government over the past 12 months.

The Company will operate at all times as part of the mission of the Catholic Church in conformity with canon law and in conformity with the ethical framework of the Institute of Sisters of Mercy of Australia and Papua New Guinea.

Central to our mission is providing care for those in need, irrespective of religion, faith, beliefs or background.

The relevant ministers for the reporting period were:

- The Honourable Jill Hennessy MP, Minister for Health and Minister for Ambulance Services
- The Honourable Martin Foley MP, Minister for Mental Health and Minister for Housing, Disability and Ageing.

The predominant objectives for which Mercy Hospitals Victoria Ltd was established are:

1. to carry on or assist in the carrying on of the charitable activities of the Sisters of Mercy in connection with hospital, healthcare and related services.

2. to operate:

- Mercy Hospital for Women, Heidelberg
- Werribee Mercy Hospital
- other hospitals, health and related services, as determined by the Company.

3. to educate and train:

- medical, nursing, social welfare and pastoral care students at undergraduate, intern and postgraduate level
- others engaged in hospital, healthcare and related services on a paid or voluntary basis.

OUR SERVICES

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

Mercy Hospital for Women

Based in Heidelberg, Victoria, the hospital offers obstetric, gynaecological and neonatal services and has one of only four neonatal intensive care units in Victoria. The Neonatal Intensive Care Unit is co-located with the Special Care Nursery and collectively they care for some of Victoria's most unwell babies.

Mercy Hospital for Women provides both public and private patient care through maternity services, neonatology and paediatrics, perioperative services, specialist and sub-specialist gynaecology, women's health and associated health, support and diagnostic services. It is a major teaching hospital and specialist referral centre with the medical, nursing, midwifery and allied health expertise to treat the most complex obstetric, neonatal and gynaecological cases.

Werribee Mercy Hospital

Werribee Mercy Hospital is a general hospital providing surgical, medical, maternity, newborn, renal dialysis, emergency, mental health, subacute, rehabilitation and palliative care services in the south western region of Melbourne. The hospital also provides a range of home-based support services including Hospital in the Home and Midwifery in the Home.

Mercy Health O'Connell Family Centre

Mercy Health O'Connell Family Centre is focussed on the needs of vulnerable families and young children. The residential, day and community programs provide child-focussed parenting skills to promote safe child development. The centre is increasing its support for vulnerable families including families with mental health issues. Services include:

- residential, day and community programs
- Cradle to Kinder program (home-based education and support)
- Play Steps program.

Mercy Mental Health

Mercy Mental Health supports people in south west metropolitan Melbourne with severe and complex mental illnesses by providing acute and community-based care.

Services are available to adults through acute inpatient programs, residential rehabilitation programs and crisis and community recovery-focussed treatment programs. We also offer inpatient and community specialist perinatal mental health services to women and infants in western Victoria.

Mercy Palliative Care

While not officially part of Mercy Hospitals Victoria Ltd, Mercy Palliative Care is integrated into our service delivery through inpatient palliative care services at Werribee Mercy Hospital and home-based palliative care services for people living in the western metropolitan region. Counselling, nursing and medical services, allied therapies, grief counselling and pastoral care services provide continuity of care to patients, their families and carers.

MERCY HEALTH STRATEGIC FRAMEWORK 2018–22

The Mercy Health Strategic Framework 2018-22 provides the structure for which strategic decisions are made within Mercy Health. Our mission — to bring God’s mercy to those in need — defines what we do, while our values of compassion, hospitality, respect, innovation, stewardship and teamwork speak to how we do it.

The Mercy Health Strategic Framework 2018–22 is grounded in our Catholic heritage while recognising contemporary influences on our organisation. The Framework articulates five broad goals and associated objectives.

Care first

- We will respond to the needs of our community in person-centred approaches.
- We will care for, and about, marginalised and disadvantaged groups.
- We will empower people and partner with them to make informed decisions and choices.

Leading through service excellence and innovation

- We will provide safe, mission-driven, high-quality and expert services and care.
- We will use research, evidence and teaching to continue building on our expertise and improving our services.
- We will invest in technology and innovation to improve the outcomes of those for whom we care.

Differences made through partnerships

- We will collaborate and innovate with others to improve outcomes for the communities we serve.
- We will plan for, respond to and advocate for the current and emerging needs of our communities.
- We will work with the Church, government and others to extend our reach to our global community.

A growing, resilient and sustainable organisation

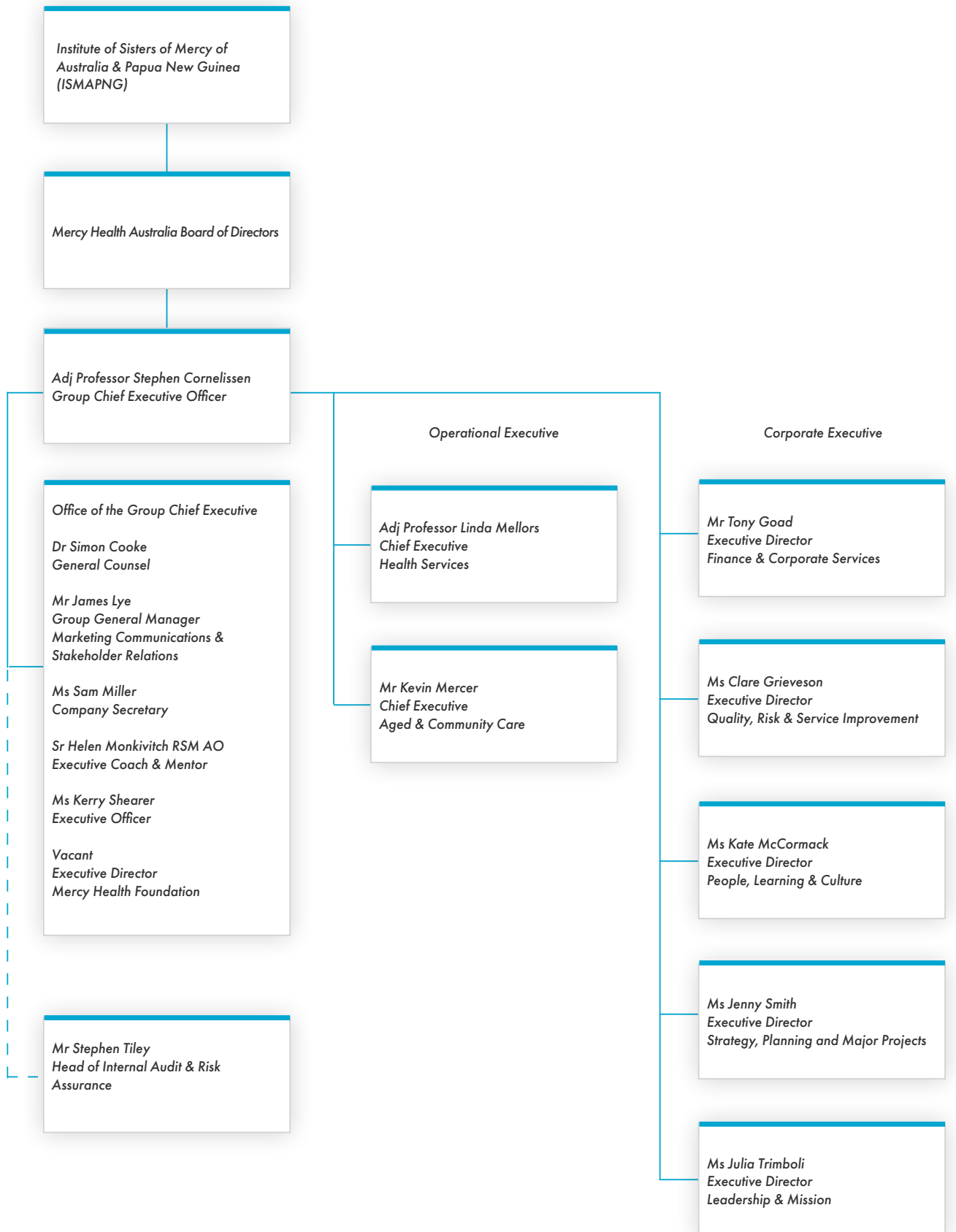
- We will pursue opportunities that provide diversification and growth of our services.
- We will operate with financial diligence and use contemporary business disciplines to ensure sustainability.
- We will act responsibly and care about environmental sustainability.

Strong mission-driven culture and vibrant workforce

- We will embody our values in everything we do and form our people to bring life to our mission.
- We will advance our commitment to an inclusive, flexible and safe workplace.
- We will foster continual learning, development and leadership.

The Framework is supported by the Mercy Health Long-Term Plan 2018–22 and will be monitored against a range of success indicators. It will be put into action through annual business plans that will detail strategic initiatives that realise our mission.

ORGANISATIONAL STRUCTURE



GOVERNANCE

Mercy Hospitals Victoria Ltd Board

Mr Julien O'Connell AM (Chairman)
Ms Jo Barker
Ms Margaret Bounader
Ms Virginia Bourke
Mr John Corcoran AM
Mr Martin Day
Adjunct Clinical Associate Professor Ian Haines
Mr John Moore (concluded term 14 November 2017)
Mr Tim O'Leary
Ms Susan Pascoe AM
(commenced term 28 February 2018)
Ms Agnes Sheehan
Sr Joan Wilson RSM

The Board is supported by five committees:

Finance, Audit and Risk Committee

Mr John Corcoran AM (Chair from 1 December 2017)
Mr John Moore (Chair)
(concluded term 27 October 2017)
Ms Jo Barker
Ms Jay Bonnington (concluded term 22 September 2017)
Mr Martin Day (commenced term 1 December 2017)
Mr Tony Ryan (commenced term 22 September 2017)
Mr Bruno Secatore

Ethics Committee

Mr Martin Day (Chair)
Dr Frances Baker RSM
Ms Amanda Bowe
(concluded term 20 March 2018)
Adjunct Professor Stephen Cornelissen
Mr Diarmid Davine (commenced term January 2018)
Reverend Dr Hoa Dinh SJ
Ms Wendy Dunn (concluded term April 2018)
Dr Genevieve Green
Sr Trudy Keur RSM
Ms Mary Klasen
Adjunct Professor Linda Mellors
Reverend Emeritus Associate Professor Cormac Nagle OFM
Dr Carol Ong RSM

Associate Professor Dean Stevenson
(concluded term August 2017)

Mr Michael Taylor
Ms Julia Trimboli
Dr Bernadette White

Quality Committee

Adjunct Clinical Associate Professor Ian Haines (Chair)
Ms Kate Birrell
Ms Virginia Bourke
Ms Polly Caldow
Dr Jacqueline Collett
Dr Michelle Goh RSM
Mr Marcel Mihulka
Ms Sally Moore
Emeritus Professor Margaret O'Connor AM

Human Research Ethics Committee

Mr Tim O'Leary (Chair)
Mr Matthew Baker
Dr Fiona Brownfoot (commenced term December 2017)
Mr Diarmid Davine
Ms Simonne Dax
Reverend Dr Hoa Dinh SJ
Mr James Dwyer
Ms Margaret Joss
Professor Susan McDonald
Reverend Emeritus Associate Professor
Cormac Nagle OFM
Professor David O'Neal
Professor Michael Permezel
Ms Susan Phillips
Professor Peter Rendell
Professor Stephen Tong (concluded term November 2017)
Ms Julia Trimboli
Professor Susan Walker AO (concluded term March 2018)
Dr Andrew Watkins

Corporate Governance Remuneration and Nomination Committee

Mr Julien O'Connell AM (Chairman)
Ms Virginia Bourke
Mr John Moore

BOARD

Mr Julien O’Connell AM, Chairman

Julien was appointed as a Director of the Mercy Health Boards and to the Boards’ Finance & Audit Committee in 2005, and was subsequently appointed Chairman of Mercy Health in 2008. He has a diverse background and qualifications in accounting, insurance, risk management and marketing, as well as being a Fellow of the Australian Institute of Company Directors. Julien is also Director or Chairman on a number of boards including the Catholic Archdiocese of Melbourne Finance Council. He is a member of the State Government Council of Board Chairs, supports Enterprise Ireland (Irish Government Trade Body) as Trade Attache in Victoria, and is Pro Chancellor – Australian Catholic University. Julien was appointed a Director of Mercy Health Foundation in 2008.

“With the support of our Boards and management team we remain focussed on the sustainable delivery of our services so we can be available to those in need, including the marginalised, and always address the issues of our time.”

Ms Jo Barker

Jo is a partner within EY’s Transaction Advisory team in Melbourne. She has over 20 years of transaction experience in Australia, Asia Pacific and the UK, helping private and public companies achieve long-term competitive advantage by advising on the management of all aspects of their capital agenda. She also serves as the Global Deputy Quality Leader for Transaction Advisory Services Leader for EY and is a member of the Global Transaction Advisory Services Quality Executive. Jo joined the Mercy Health Boards and the Boards’ Finance, Audit and Risk Committee in 2015 and provides valuable business knowledge and insight.

“I hope that my commercial experience and diverse perspective are a valuable addition to the existing strong board and management capability.”

Ms Margaret Bounader

Margaret joined the Mercy Health Boards in 2011. She has more than 20 years’ experience working in international trade and investment. During her career with Austrade, Margaret worked with companies from SMEs to large multinationals across all industry sectors, helping them win business in overseas markets. Margaret previously spent 10 years working overseas as Trade Commissioner in South Africa, Nigeria, Singapore and Malaysia. Margaret is a co-founder of the Women in Global Business program and was previously a member of the City of Melbourne’s Enterprise Melbourne Advisory Board. Margaret joined the Mercy Health Foundation Committee in 2012 and was appointed a Director in 2013.

“I am inspired by Mercy Health’s strong emphasis on care and treating every person with dignity and compassion at every stage of life.”

Ms Virginia Bourke

Virginia is a lawyer and consultant in private practice with a breadth of corporate governance and commercial experience. She has served as a director of several not-for-profit organisations including a term as a director of Mercy Health from 2008–14. She is currently Chairman of St John Ambulance Victoria.

Virginia has broad legal experience previously working as General Counsel for the Institute of Sisters of Mercy of Australia and Papua New Guinea and as Special Counsel in the Employment Law group at Minter Ellison Lawyers. Virginia brings a community perspective to her board roles based on her long involvement with local parish and school organisations.

“I am proud to be part of the Mercy story. For me there is immense appeal in the story of Catherine McAuley: a visionary, yet practical woman, whose leadership style was based on the warm relationships with those around her. I believe one of the strengths of our Board is the diversity of its members, particularly its gender diversity. I aim to contribute not only my professional skills, but my real-life experience and my perspective as a woman involved in many aspects of community life.”

Mr Martin Day

Martin joined the Mercy Health Boards in 2016. He has since joined the Boards' Finance, Audit and Risk Committee and chairs the Ethics Committee. Before joining the Mercy Health Boards, Martin was Chief Executive Officer of the Private Hospitals Division of St Vincent's Health Australia, which included eight leading private hospitals in Melbourne, Sydney, Brisbane and Toowoomba. Martin has held senior executive roles in the health service industry for over two decades, in both Australian and international acute healthcare markets including South East Asia and the Pacific. He also has 14 years of corporate governance experience in the not-for-profit sector, including healthcare and, more recently, industry superannuation.

Martin's qualifications include: Associate Diploma of Valuations and Real Estate Management, RMIT; Master of Business Administration, Deakin University, Victoria (MBA); Fellow of Australian Institute of Company Directors (FAICD); Adjunct Professor of ACU (Australian Catholic University); and Graduate of Australian Institute of Superannuation Trustees (GAIST Adv). His industry experience includes risk management, clinical governance, workforce development, financial management, operational management, stakeholder engagement, public/private partnerships (PPP) and social accountability. Martin is also a director of Prime Super, an industry superannuation fund; Green Acres Golf Club Limited (current President); and Cabrini Health Limited.

"I am inspired by founding Sister of Mercy Catherine McAuley and her successors, who have dedicated their lives to improving the wellbeing of those who are less fortunate than others, vulnerable and in need of compassion and holistic care. These works are now largely provided by laypersons who, like the Sisters of Mercy, have a very strong vocation and actively embrace the mission, vision and values of Mercy Health."

Mr John Corcoran AM

John has a Bachelor of Laws (Monash) and Bachelor of Economics (Monash) as well as being an Accredited Specialist in Business Law (Law Institute of Victoria). He is a former executive partner of Russell Kennedy, and now serves as a Principal. John is a recipient of the Centenary Medal for services to Australian society and to the law, which include his services as a Chairman of the Legal Practitioners' Liability Committee, and on the Legal Service Board between 2005 and 2010, and again in 2013. He was Law Council of Australia President in 2009, Law Institute of Victoria President from 2001–02, and a London Board Member of the International Bar Association, 2009–12. John was named in Best Lawyers 2013 Lawyer of the Year Award in Retirement Villages and Senior Living Law. John was awarded an Order of Australia in the 2017 Australia Day Honours. John has been on the Mercy Health Boards since 2011 and is Chairman of the Boards' Finance, Audit & Risk Committee.

"I enjoy being associated with such a diverse organisation that provides care and support to so many members of our community. I hope that my experience and input at Board level can help our dedicated staff in carrying out the Mercy mission. The vision and Catholic ethos of the Sisters of Mercy inspire us to continue the good work of our predecessors."

Adjunct Clinical Associate Professor Ian Haines

Ian joined the Mercy Health Boards and the Quality Committee as Chairman in September 2016. He has more than 30 years' experience as a medical oncologist and has a special interest in medical ethics, palliative care and health equity, as a participant in professional, government, non-government and community work in all three areas. Ian is also active in community health, lecturing to diverse groups on cancer treatments and palliative care topics and he regularly writes articles and reviews for local and international journals. He is an advisor to medical panels, legal firms and government superannuation funds.

Ian is an Adjunct Clinical Associate Professor in the Department of Medicine, Monash University at The Alfred and Cabrini hospitals, where he has particular research interests in treatment of early prostate cancer, palliative care and end-of-life care, alternative therapies for cancer and relations between physicians and industry. He is a member of the American Society of Clinical Oncology, Clinical Oncology Society of Australia, and the Ethics subcommittee of the Medical Oncology Group of Australia.

"I have been fortunate to have worked at Cabrini for about 30 years and have a deep respect and admiration for the many devoted and wonderful people that work in the Catholic healthcare sector. In my time at Mercy Health, I have been impressed by the calibre of the people and the organisation and its strong commitment to mission and the care of the less fortunate in our community. I look forward to contributing to the vision and growth of Mercy Health."

Mr Tim O'Leary

Tim joined the Mercy Health Boards in 2017 and is Chairman of the Mercy Health Human Research Ethics Committee. Tim is an experienced corporate affairs executive having worked in the oil, banking and telecommunications industries. He is currently Executive Director Rural Affairs & Chief Sustainability Officer at Telstra. In this role he is responsible for rural affairs, strategic community and reputational initiatives, corporate responsibility and Telstra's environment strategy. Tim is a Member of Council at Newman College (University of Melbourne) and a Board member of the Telstra Foundation. He is also a former Board

member of eMotion 21, a small community arts organisation catering for the needs of young people with Down Syndrome. Tim has an Honours degree in Arts and a Graduate Diploma in Philosophy from the University of Melbourne.

"I welcome the opportunity to support and serve the ministry of Mercy Health. It is a privilege to be part of a Catholic organisation providing compassionate and responsive care to all people, but especially the vulnerable and disadvantaged, at all stages of life."

Ms Susan Pascoe AM

Susan was appointed to the Mercy Health Boards in March 2018. She is President and Chair of the Australian Council for International Development (ACFID); Chair of both the Community Director's Council and the Principals Australia Institute Certification Advisory Board; and an associate of Baxter Lawley.

Susan was the inaugural Commissioner for the Australian Charities and Not-for-profits Commission (ACNC) from 2012–17 and subsequently co-chaired a review of early childhood education in Australia. From 2006–11, Susan was Commissioner of the State Services Authority in Victoria. In 2009, she was appointed as one of three commissioners for the Royal Commission into Victoria's Black Saturday bushfires.

Susan's earlier career was in education. She served as President of the Australian College of Educators, Chief Executive Officer of the Victorian Curriculum and Assessment Authority and Chief Executive of the Catholic Education Commission of Victoria. Susan chaired the Australian National Commission for UNESCO and has chaired or served on a number of education, health and government boards.

In 2007, Susan was appointed Member of the Order of Australia for service to education. In 2016, she was awarded the Leadership in Government Award for her outstanding contribution to public administration in Australia.

"I was educated by Mercy Sisters in primary school, and have worked with a number of Mercy women as education colleagues as well. I have deep respect for their commitment to the poor and marginalised, and to their professional approach to their missionary endeavours. I'm honoured to have some role in continuing the work of Catherine McAuley here in Australia."

Ms Agnes Sheehan

Agnes has served on the Mercy Health Boards since 2009. She has held a number of senior executive positions in the information and communications technology industry over the past 20 years, leading highly engaged teams to deliver organisational integration, transformation and growth, primarily within large enterprise, government and not-for-profit organisations. Agnes led five substantial business units at Telstra over 13 years, including her most recent roles as Director of Enterprise Mobility and Director of Connectivity and Network Sales. Prior to Telstra, Agnes was the Regional Director Asia Pacific for Ericsson Enterprise and also worked for an aerospace industry start-up owned by GE and Lufthansa. She is a graduate of the Australian Institute of Company Directors and holds a Bachelor Degree in Business Studies and a Diploma in Public Relations.

"I consider it a great privilege to serve an organisation that constantly advocates for those in need, that is not afraid to challenge, and whose leadership and staff live the mission of 'care first' every day, relentlessly building an enduring passion and capacity to serve the people in our care and the wider community."

Sr Joan Wilson RSM

Sr Joan trained as a primary school teacher and has taught and held the position of Principal of parish primary schools across Victoria over a 30-year period. As Deputy Chair, School Services, of the Catholic Education Office of Melbourne she was responsible for selecting and appointing principals and orientating and mentoring new principals. Sr Joan maintains her involvement with Catholic education as a member of several school and education-related boards and committees. Sr Joan managed the Convent of Mercy Hostel from 2007–10 and continues to care for a number of Sisters of Mercy in aged care. In 2011, she joined the Mercy Health Board and in 2014 celebrated her golden jubilee as a Sister of Mercy. Sr Joan's governance roles have spanned various Mercy ministries. She was a member of the Sisters of Mercy Melbourne Congregation leadership team from 2000–05 and a member of Mercy Secondary Education Inc and MacKillop Family Services.

"As a Sister of Mercy, I am able to contribute to the ongoing ministry of Mercy in partnership with all those who govern, manage and work in our care services."

EXECUTIVE

Adjunct Professor Stephen Cornelissen BN, MHA, GCLAC, Grad Dip SI, GAICD

Group Chief Executive Officer

Stephen assumed the role of Group Chief Executive Officer, Mercy Health on 1 July 2011.

During Stephen's tenure, Mercy Health has grown to one of Australia's top 100 private companies, providing health, aged and home care services in Victoria, New South Wales, Queensland, Western Australia and the Australian Capital Territory.

Stephen is committed to, and passionate about, providing and advancing relevant and sustainable models of care and support, particularly for those who are disadvantaged or facing adversity. For his commitment to advancing the health and aged care sector, Stephen holds an Adjunct Professor title with Australian Catholic University and is a Pay Equity Ambassador with the Workplace Gender Equity Agency.

Prior to joining Mercy Health, Stephen held several senior executive roles in New Zealand and South Australia, having worked at provider and state policy and funding levels of the health system.

Stephen is a Non-Executive Director of Aged & Community Services Australia (ACSA), Paramedics Australasia (Community Director) and The Global Aging Network (formerly IASHA).

Stephen has academic qualifications from a number of Universities in Australia and the University of Oxford, and is a Graduate of the Australian Institute of Company Directors. In 2016, *The CEO Magazine* awarded Stephen CEO of the Year and Health & Pharmaceuticals Executive of the Year.

Adjunct Professor Linda Mellors BA, BSc (Hons), PhD (Med), Grad Cert HSM, GAICD

Chief Executive – Health Services

Linda was appointed Chief Executive (formerly Executive Director) of Health Services in August 2013. She is responsible for the oversight of Mercy Hospital for Women, Werribee Mercy Hospital, Mercy Mental Health, Mercy Palliative Care and Mercy Health O'Connell Family Centre as well as hospital services in New South Wales. Linda joined Mercy Health in 2009 as Director Performance, Planning and Strategy for Health Services and has also held titles including Executive Director Mercy Hospital for Women and Mercy Health O'Connell Family Centre, and Executive Director Mercy Public Hospitals Inc.

Linda was appointed Chief Operating Officer, Mercy Health in June 2018, which brings Mercy Health's residential aged care, home and community care, and retirement villages into Linda's operational portfolio, in addition to her Chief Executive – Health Services role.

Linda is currently co-Chair of the Chief Executive Officer forum, which is a meeting between all Victorian metropolitan chief executive officers and senior representatives from the Department of Health and Human Services.

Linda is a member of the Catholic Health Australia Health Policy Committee, Chair of North Eastern Melbourne Integrated Cancer Service (NEMICS) Governance Committee and member of various sector committees. Linda has held executive roles in the Victorian public health sector for more than 15 years and is passionate about improving access to excellent and contemporary health services. Linda completed the Williamson Community Leadership Program in 2012 and was named Catholic Health Australia Emerging Leader in 2013. She is an Adjunct Professor of La Trobe University.

Ms Julia Trimboli MA (Th), M Sc (Bioethics)

Executive Director, Leadership & Mission

Julia was appointed to the position of Executive Director, Leadership & Mission in June 2015 and is responsible for guiding Mercy Health's leadership team in empowering our mission.

Julia also brings extensive experience in mission leadership roles, which includes Catholic Health Australia and most recently, Cabrini Health. Julia has a deep commitment to, and sound knowledge of, Catholic health provision and what that means for mission from community, public and private health perspectives.

Ms Kate McCormack FAHRI, MBA (IRHR), GradDipHRM&IR, MBus(HRM&IR)

Group Executive Director, People, Learning & Culture

Kate has more than 20 years' experience in human resources. She holds a Master of Business in Industrial Relations and Human Resource Management from RMIT University/Grenoble Ecole de Management France. Further to this, Kate has also undertaken study at the London Business School and Harvard University.

Kate is responsible for the development and implementation of the Group Human Resources strategy at Mercy Health and provides strategic advice to the Group Chief Executive Officer and wider Executive Group. Kate is focussed on redesigning the traditional frontline Residential Aged Care worker role, while collaborating with a tertiary provider to build and sustain the aged care workforce of the future.

Kate has been instrumental in developing and overseeing Mercy Health's Workplace Gender Equality Agency Employer of Choice for Gender Equality strategy, a citation the organisation has been awarded since 2008. Kate was recognised in various industry award programs in 2017 for initiatives including Mercy Health's Leadership Capability Framework and Thrive @ Mercy. Previously, Kate has been the recipient of the HR Partners Award for Best HR Leader, HR Leaders Compass Awards, and the Diversity Leader for the Advancement of Women, EOWA Business Awards.

Under Kate's leadership, Mercy Health has won the Australian Business Awards Employer of Choice Award and 7th Asia Best Employer Brand Awards Best Use of Technology for Recruiting Award.

A regular speaker at national HR conferences, Kate is a Fellow of the Australian Human Resources Institute and a member of their Presidents Forum. Kate has previously served as a Board member of the Diversity Council Australia and simultaneously served on their Board HR committee and IT committee.

Mr Tony Goad BBus (Accountancy)

Executive Director, Finance & Corporate Services

Tony was appointed Executive Director Finance and Corporate Services for Mercy Health in June 2011 after serving as the Acting Chief Financial Officer for approximately nine months. He has more than 20 years' experience in the health and aged care sectors through executive positions, including 11 years as an Associate Director of Paxton Partners, a healthcare consultancy firm, and four years as Chief Financial Officer and Chief Information Officer of the Southern Health Care Network.

Before working in health, Tony undertook various executive and consulting roles in banking and merchant banking. Over the past two decades he has held a number of Board and Governance appointments including 12 years as a member of the governing Council of the Victorian Institute of Forensic Mental Health (Forensicare); five years as a Director of the Mental Health Legal Centre (recently completed); and, since January 2018, as a Board Member of BBI-TAITE (The Australian Institute of Theological Education).

Ms Clare Grieveson BSc (Hons) (Lond), MHSM, GCLAC, AFACHSM, GAICD

Executive Director, Quality, Risk & Service Improvement

Clare assumed the role of Executive Director, Risk Management & Quality in February 2014, before her appointment as Executive Director Quality, Risk & Service Improvement in April 2015. She is responsible for the overall leadership and direction of risk management, consumer experience, service improvement, quality compliance and quality improvement for Mercy Health. Clare has a clinical background in speech pathology and 20 years' experience in the health industry, including senior management roles at Monash Health and service planning and performance roles at the Victorian Department of Health and Human Services. She is an Associate Fellow of the Australasian College of Health Service Management and Graduate of the Australian Institute of Company Directors.

Mr Kevin Mercer B.Com, MBA, GAICD, CCEO

Chief Executive, Aged & Community Care (concluded term 3 June 2018)

Chief Executive, Aged & Community Care (SCCV Integration) (concluded term 3 July 2018)

Kevin commenced as Chief Executive, Aged & Community Care in November 2015. Kevin was responsible for all Residential Aged Care and Home & Community Care Services throughout Mercy Health. Before coming to Mercy Health, Kevin was Chief Executive Officer for Holy Spirit Care Services for seven years. He has more than 30 years' experience in not-for-profit and commercial businesses across many sectors. He holds a Bachelor of Commerce degree and a Master of Business Administration. Kevin is a graduate member of the Australian Institute of Corporate Directors and a fellow of The CEO Institute.

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

Executive Director Strategy, Planning and Major Projects

Jenny commenced with Mercy Health in October 2009 and has held a number of senior positions in both finance and strategy. Jenny was appointed as Executive Director Strategy, Planning & Major Projects in February 2018. Jenny is focussed on 'future beds', providing oversight for strategy, financial planning and analysis, service planning, capital development and commissioning. With an ambitious growth agenda and a drive for excellence, Mercy Health is actively expanding and developing our future service offerings. Jenny also has oversight of building compliance and property management.

Jenny has more than 20 years' experience working across a number of industries including mining and resources, media, airlines, telecommunications, financial services and consulting.

HEALTH SERVICES LEADERSHIP TEAM

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

Chief Medical Officer

David started working at the Mercy Hospital for Women in 1991 as a Fellow commencing his training in gynaecological oncology. In 1993–94 David spent 15 months in the Netherlands gaining further experience in gynaecological cancer surgery. David returned to Mercy Hospital for Women in April 1994 as a consultant in the Department of Gynaecological Oncology. In 1998 David was appointed Clinical Director Surgical Services. In 2007 he was appointed Chief Medical Officer/Gynaecological Oncologist, followed by a full-time appointment as Chief Medical Officer in late 2017, when David ceased clinical work at Mercy Hospital for Women.

David remains on national and state government committees and boards as well as a research foundation and national society boards.

Ms Filomena Ciavarella BAppSc(MedRad), GradDipBus

Director Quality and Innovation

Filomena was appointed to the position of Director Quality and Innovation in September 2015, and is responsible for leading and directing the Health Services quality systems that support the provision of high-quality, patient-centred and safe care.

Filomena has a clinical background in nuclear medicine. She has more than 18 years' experience in the health industry, holding various senior management and executive roles in quality and safety across a broad range of health services. Filomena also has extensive strategic project management experience.

Ms Helen Cull GradDip HR&IR, GradDip Business, GCertLACC, CAHRI

Human Resources Manager

Helen has been a member of the People, Learning & Culture team at Mercy Health since 2009, assuming the role of Human Resources Manager for Health Services in 2015. Responsible for operational and strategic human resources initiatives within Mercy Health's Victorian and New South Wales health facilities, Helen provides advice to the Chief Executive – Health Services, and Health Services senior management. Prior to working in the health sector, Helen held roles in government enterprise, tertiary education and private business.

Adjunct Professor Sharon Donovan BN, Mid Cert, MBA, GAIDC

Executive Director Nursing and Midwifery

Sharon commenced at Mercy Health in February 2018. She has operational responsibilities for nursing and midwifery education, infection control, environment and food services and health information services in our Victorian hospitals. She also has professional responsibility for nurses and midwives across Victorian and New South Wales hospitals. Sharon has previous executive experience in metropolitan and regional public and private organisations and has been a Chief Executive in a large not-for-profit aged care business.

Ms Gillian Evans RN, RM, MHA

Program Director Women's and Children's Services

Gillian is responsible for the delivery of obstetric, gynaecology and neonatal services at Werribee Mercy Hospital and Mercy Hospital for Women; including one of four neonatal intensive care units in Melbourne and the Mercy Health Breastmilk Bank. She has more than 30 years' experience in healthcare, including 15 years practising as a midwife before moving into healthcare management. Gillian is passionate about the provision of evidence-based quality care, ensuring safe birthing outcomes for women and babies. Gillian is the Executive sponsor for the Mercy Hospital for Women Community Advisory Group, the Medication Safety Committee and the Obstetric Triage Decision Aid project. She believes success is driven at a grassroots level, where her work involves building a positive workplace for all staff.

Ms Fiona Gray RN, CCRN, GDCM, MHA

Program Director Medical, Sub Acute and Palliative Care Services

Fiona Gray commenced in the role of Program Director Medical, Sub Acute and Palliative Care Services in August 2016, having been previously employed at Werribee Mercy Hospital from 2005–12 as a Nurse Unit Manager.

Fiona is a Registered Nurse with more than 30 years' experience in Victoria's public health services, mainly in intensive care nursing. An extensive career in intensive care nursing is the foundation of Fiona's passion for providing the highest level of care to patients and families across the care continuum.

Ms Shannon Lang B. App. Sc. (OT)

Program Director, Mental Health Services

Shannon was appointed Program Director Mental Health Services in May 2018. She is jointly responsible for the leadership and direction of the Mental Health program.

Shannon has a clinical background as an Occupational Therapist and has more than 18 years' experience in health, including 13 years at a senior leadership level within the public sector. Her leadership roles have encompassed child and youth mental health, adult mental health, allied health, ambulatory care and specialty medicine in addition to strategy, planning and access. Shannon began her career with Mercy Health, and is delighted to have returned.

Ms Melissa McDonald BSc, GradDipBA, MEnt

Program Director Surgical and Specialist Services

Melissa has worked in senior health management and executive roles in both the private and public healthcare sector for over 20 years and joined Mercy Hospitals Victoria Ltd in 2009. Melissa is currently Program Director, Surgical and Specialist Services. Prior to this, she was Deputy Director of Nursing, Ambulatory Care and Surgical Services at Mercy Hospital for Women.

Melissa is passionate about mentoring managers and helping facilitate career pathways and professional development opportunities that ensure the highest standard of performance and the delivery of the best possible care for the communities we serve.

Ms Elizabeth Murdoch BA, B.Ap. Sc., Grad Dip HSM, Grad Cert HSM, AFACHSM, GAICD

Program Director, Ambulatory, Community and Allied Health Services

Liz is responsible for the effective and efficient delivery of specialist clinic outpatient services, the Early Parenting program at Mercy Health O'Connell Family Centre, Medical Imaging, Aboriginal Health programs, Allied Health services (therapy and sciences), Pastoral Care Services and Multicultural and Interpreting Services.

Liz joined Mercy Health in December 2012. With a background in health that spans over 25 years, Liz has significant industry experience which has equipped her with a deep knowledge of the healthcare sector.

Liz has a strong interest in patient-centered care and partnering with patients, families and communities to deliver great outcomes for our patients.

Mr Mark O'Connor B Com (Melb), CA

General Manager – Health Services Finance

Mark joined Mercy Health in May 2011 and has been General Manager – Health Services Finance since March 2015. Mark's qualifications include a Bachelor of Commerce and a Chartered Accountant. He has more than 20 years' experience across a broad range of accounting functions and roles, including taxation, corporate governance, superannuation and financial reporting. Mark is responsible for the revenue, accounting, finance and business analytics services.

Ms Sharon Olivier BPod, LLM (Health & Medical Law)

Executive Officer – Health Services

Sharon commenced as Executive Officer – Health Services in February 2016 and provides high-level support to the Chief Executive – Health Services. She has over 20 years' experience in public healthcare and has assumed a range of clinical and senior management roles, including the role of Executive Officer at another major metropolitan health service. Prior to joining Mercy Health, Sharon worked in project management, service planning and performance roles at the Victorian Department of Health and Human Services. Sharon well understands the Victorian healthcare landscape, including the policy and funding mechanisms that underpin the statewide system.

Professor David O'Neal MBBS, MD, FRACP

Clinical Director, Medicine, Sub Acute and Palliative Care Services

David joined Mercy Hospitals Vic Ltd in 1995. In addition to his administrative duties, he is directly involved with and committed to providing the best possible clinical care for patients admitted to Werribee Mercy Hospital.

David also works as a consultant endocrinologist with St Vincent's Hospital Melbourne. He has appointments with the University of Melbourne, the University of Notre Dame and the University of Sydney where he is involved in undergraduate and postgraduate teaching. He heads a research team with the University of Melbourne with a focus on type 1 diabetes research.

Dr Michael J Rasmussen MBBS, MRCOG, FRANZCOG

*Clinical Services Director Women's and
Children's Services*

Michael joined Mercy Hospital for Women as a Resident Medical Officer in 1985. After completing his Fellowship and three years overseas, he returned as a consultant Obstetrician Gynaecologist at Mercy in 1992. Michael occupied a number of roles within the RANZCOG state and federal bodies, and was awarded the President's Medal in 2017. Michael retired from private Obstetric practice in 2016, and now works full-time for Mercy Health at Mercy Hospital for Women and Werribee Mercy Hospital.

Clinical Associate Professor Scott Simmons BSc, BMBS, FANZCA, MBA

*Clinical Associate Professor, University of
Melbourne*

Scott has been a specialist anaesthetist for 25 years and Head of Anaesthesia at Mercy Hospital for Women since 2006. Currently, Scott is also Clinical Director Anaesthesia Perioperative and Pain Medicine, and Clinical Services Director Surgical and Specialist Services Program. He was Chair of the Serious Incident Review Committee for seven years. Scott is a current Cochrane Collaboration author and reviewer and an editor for Anaesthesia and Intensive Care. His clinical interests are the use of ultrasound in obstetric anaesthesia, maternal critical care and understanding critical incidents in healthcare.

Associate Professor Dean Stevenson MBBCh, M.Med(Psych), FRANZCP

Clinical Services Director, Mental Health Services

Dean has been a Consultant Psychiatrist with Mercy Mental Health for 16 years with 13 of those years served as Clinical Services Director. He is jointly responsible for the leadership and direction of the Mental Health Program.

Dean has a medical background in psychiatry spanning three decades, having worked as a psychiatrist in Australia and his native country of South Africa. Dean has spent more than a decade in clinical governance and senior leadership roles.

Dean holds an academic post as Associate Professor at the University of Notre Dame Faculty of Medicine Sydney — Melbourne Clinical School.

STATEMENT OF PRIORITIES 2017/18

| Goals | Strategies | Health service deliverables | Outcome |
|---|---|---|--|
| Better Health A system geared to prevention as much as treatment Everyone understands their own health and risks Illness is detected and managed early Healthy neighbourhoods and communities encourage healthy lifestyles | Better Health Reduce statewide risks Build healthy neighbourhoods Help people to stay healthy Target health gaps | Review the model of care for adult acute mental health services and implement changes to make best use of the facilities and staffing across the Clare Moore and Ursula Frayne Centres. | <ul style="list-style-type: none"> • In progress. • Review commenced in consultation with key staff. • Components of the model were commenced in May 2018 in the Clare Moore Building. Planning for commencement at Ursula Frayne Centre is underway. • New consumer-driven recovery plans were implemented in the Clare Moore Building and Mother Baby Unit in May 2018. Planning for implementation at Ursula Frayne Centre is underway. • The review of the post-acute support team model of care is underway. |
| | | Extend advance care planning processes to include maternity services. | <ul style="list-style-type: none"> • Achieved. • Advance care planning processes extended to include maternity services with all antenatal patients now asked if they have an Advance Care Directive or appointed medical treatment decision maker. |
| | | Meet key milestones of the Strengthening Hospitals Response to Family Violence project. | <ul style="list-style-type: none"> • Achieved. • Key milestones achieved including: <ul style="list-style-type: none"> » establishment of the Strengthening Hospital Responses to Family Violence Steering Committee with reporting to the Vulnerable Women's and Children's Committee » development of relevant policies and procedures » development of staff education package » commencement of staff training. |
| | | Develop and implement a caseload model of midwifery care for Aboriginal women. | <ul style="list-style-type: none"> • Achieved. • Model developed and implemented in March 2018. |

| Goals | Strategies | Health service deliverables | Outcome |
|--|---|--|---|
| Better Access Care is always there when people need it More access to care in the home and community People are connected to the full range of care and support they need There is equal access to care | Better Access Plan and invest Unlock innovation Provide easier access Ensure fair access | Finalise models of care associated with Werribee Mercy Hospital Stage 1C. | <ul style="list-style-type: none"> • Achieved. • Models of care finalised for Medical Services, Surgical Services and Paediatric Services. |
| | | Refresh the Werribee Mercy Hospital Service Plan taking into account the increasingly acute and complex care needs of the hospital's catchment population. | <ul style="list-style-type: none"> • Achieved. • Point of care projections were refreshed in Quarter 1 in line with revised population projections. • Point of care projections will again be refreshed in August 2018 when Department of Health and Human Services provides a further iteration of population projections. |
| | | Build workforce capacity and capability to support service growth through teaching, training, mentoring and recruitment. | <ul style="list-style-type: none"> • Achieved. • Workforce capacity and capability has been supported through: <ul style="list-style-type: none"> » conducting Round 2 of the Advisory Board Leadership Development and Culture Building Program involving 50 organisational leaders/emerging leaders » provision of four leadership development training workshops for senior medical staff in Mercy Mental Health » supporting the Aboriginal Nursing, Midwifery and Allied Health Graduate and Cadetship Program » supporting 20 staff to commence a Diploma of Leadership and Management in conjunction with Australian Catholic University » refreshing the Health Services Learning Ladder » maintaining the Health Services Learning Calendar and offering a range of weekly staff development and training sessions » compiling our annual Research and Development Report. |

| Goals | Strategies | Health service deliverables | Outcome |
|-------|------------|---|---|
| | | Provide specialist maternal fetal medicine support to Werribee Mercy Hospital from Mercy Hospital for Women, including via telemedicine in accordance with the Maternity Capability Framework at both campuses. | <ul style="list-style-type: none"> • Discontinued. • Feasibility explored and decision taken to withhold progression of model. • Relationships and referral links with Sunshine Hospital have been strengthened to ensure women have swift access to the appropriate level of maternity care close to home. |
| | | Complete construction of the Werribee Mercy Hospital Stage 1C expansion. | <ul style="list-style-type: none"> • Achieved. • Construction completed and operational commissioning commenced. |
| | | Finalise options for the future relocation of the Mercy Health O'Connell Family Centre. | <ul style="list-style-type: none"> • In progress. • Planning for the relocation has progressed and has considered the broad range of services necessary to support the increasingly complex needs of families and the workforce capability necessary to support these families. A suitable site for relocation has yet to be identified. |
| | | Progress Mercy Perinatal as an international leader in obstetric care, research and education at Mercy Hospital for Women. | <ul style="list-style-type: none"> • Achieved. • 'Fetal Medicine at Twilight' sessions offered every two months to the wider sector of health professionals. • Global Obstetric Update successfully held in Melbourne between 30 November and 2 December 2017. • Maternal Fetal Medicine Research Symposium held on 29 November 2017. • Perinatal Mental Health Symposium held on 19 August 2017. • Third Trimester Ultrasound Course for Midwives offered in October 2017. • Pioneering research in the areas of stillbirth, ectopic pregnancy, preeclampsia, fetal growth restriction and maternal mental health is ongoing. |

| Goals | Strategies | Health service deliverables | Outcome |
|---|---|--|---|
| | | Commence a staged expansion of the Mercy Health Breastmilk Bank that will enable donated breastmilk to be collected and distributed at Neonatal Intensive Care Units and Special Care Nurseries at other Victorian metropolitan tertiary women's and children's health services. | <ul style="list-style-type: none"> • Achieved. • Staged expansion commenced through development of a Memorandum of Understanding with the Royal Women's Hospital, Royal Children's Hospital and Monash Health. |
| | | Work with universities to increase the academic profile across all sites. | <ul style="list-style-type: none"> • Achieved. • Sheila Handbury Chair of Maternal Fetal Medicine, University of Melbourne, is leading the women's health research stream for the Melbourne Academic Centre for Health (MACH). • Continuing to collaborate with MACH partners in relation to research opportunities. • Continuing to collaborate with a range of research and academic partners to improve our capacity to care for our communities (refer to our Research and Development report). |
| Better Care Target zero avoidable harm Healthcare that focusses on outcomes Patients and carers are active partners in care Care fits together around people's needs | Better Care Put quality first Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care | Pilot the introduction of consumer-directed 'Care First Rounds'. | <ul style="list-style-type: none"> • Achieved. • Pilot commenced. |

| Goals | Strategies | Health service deliverables | Outcome |
|-------|--|---|---|
| | In partnership with consumers, identify 3 priority improvement areas using Victorian Healthcare Experience Survey data and establish an improvement plan for each. These should be reviewed every six months to reflect new areas for improvement in patient experience. | Implement clinical incident management workshops for staff that focus on human factors principles and incident reporting and investigation methodology. | <ul style="list-style-type: none"> • Achieved. • Clinical incident management workshops implemented in August 2017 and are being offered regularly. |
| | | Deliver the Junior Medical Officer Patient Safety Training Program (a collaborative project between Mercy Health and VMIA) to improve leadership in the area of patient safety. | <ul style="list-style-type: none"> • Achieved. • All learning materials and modules developed with 'go live' set to occur in August 2018 upon the next rotation of Junior Medical Officers. |
| | | In response to consumer feedback, implement a strategy to improve communication with consumers about expected wait times in our Emergency Departments. | <ul style="list-style-type: none"> • Achieved. • Strategy developed to improve communication with consumers including: <ul style="list-style-type: none"> » installation of television screens in the Werribee Mercy Hospital Emergency Department waiting room for communication of expected wait times » development of a wait time information dashboard in consultation with consumers which will be introduced in August 2018 once Emergency Department capital works are complete. |
| | | In response to consumer feedback, implement strategies to reduce the waiting time for outpatients at Mercy Hospital for Women. | <ul style="list-style-type: none"> • Achieved. • Strategies implemented include: <ul style="list-style-type: none"> » structural changes in management of clinic sessions to avoid overbooking » appointment of a clinical lead midwife to support midwifery clinics in all aspects of care of low-risk patients » engagement of consultant obstetricians to improve on-time starts. |

PERFORMANCE PRIORITIES

High-quality and safe care

| Key performance indicator | Target | 2017/18 result (30 June actual result) |
|---|------------------------------|--|
| Accreditation | | |
| Accreditation against the National Safety and Quality Health Service Standards | Full compliance | Achieved |
| Infection prevention and control | | |
| Compliance with the Hand Hygiene Australia program | 80% | 84.1% |
| Percentage of healthcare workers immunised for influenza | 75% | 77% |
| Patient experience | | |
| Victorian Healthcare Experience Survey – positive patient experience – Quarter 1 | 95% positive experience | 95.8% |
| Victorian Healthcare Experience Survey – positive patient experience – Quarter 2 | 95% positive experience | 96.9% |
| Victorian Healthcare Experience Survey – positive patient experience – Quarter 3 | 95% positive experience | 94.1% |
| Victorian Healthcare Experience Survey – discharge care – Quarter 1 | 75% very positive experience | 74% |
| Victorian Healthcare Experience Survey – discharge care – Quarter 2 | 75% very positive experience | 83% |
| Victorian Healthcare Experience Survey – discharge care – Quarter 3 | 75% very positive experience | 72.7% |
| Victorian Healthcare Experience Survey – patients perception of cleanliness – Quarter 1 | 70% | 70.8% |
| Victorian Healthcare Experience Survey – patients perception of cleanliness – Quarter 2 | 70% | 75% |
| Victorian Healthcare Experience Survey – patients perception of cleanliness – Quarter 3 | 70% | 77.6% |

| Key performance indicator | Target | 2017/18 result (30 June actual result) | |
|--|-------------|--|-------------------------|
| Healthcare associated infections (HAI's) | | | |
| Number of patients with surgical site infection | No outliers | Not achieved | |
| Rate of patients with SAB ¹ per occupied bed day | ≤ 1/10,000 | 0.1 | |
| Adverse events | | | |
| Number of sentinel events | Nil | Not achieved | |
| Mortality – number of deaths in low mortality DRGs ² | Nil | N/A ³ | |
| Mental Health | | | |
| Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge | 14% | 14% | |
| Rate of seclusion events relating to a mental health acute admission – all age groups | ≤ 15/1,000 | 11 | |
| Rate of seclusion events relating to an adult acute mental health admission | ≤ 15/1,000 | 11 | |
| Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days | 75% | 79% | |
| Maternity and Newborn | | | |
| | Target | Mercy Hospital for Women | Werribee Mercy Hospital |
| Rate of singleton term infants without birth anomalies with Apgar score <7 at 5 minutes | ≤ 1.6% | 1.3% | 0.8% |
| Rate of severe foetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks | ≤ 28.6% | 20.9% | 19.1% |
| Continuing Care | | | |
| Functional independence gain from an episode of GEM ⁴ admission to discharge relative to length of stay | ≥ 0.39 | 0.5 | |
| Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay | ≥ 0.645 | 0.946 | |

(1) SAB is Staphylococcus Aureus Bacteraemia

(2) DRG is Diagnosis Related Group

(3) This indicator was withdrawn during 2017/18 and is currently under review by the Victorian Agency for Health Information

(4) GEM is Geriatric Evaluation and Management

Timely access to care

| Key performance indicator | Target | Mercy Hospital for Women result | Werribee Mercy Hospital result |
|--|--------|---------------------------------|--------------------------------|
| Emergency care | | | |
| Percentage of patients transferred from ambulance to emergency department within 40 minutes | 90% | 99% | 87% |
| Percentage of Triage Category 1 emergency patients seen immediately | 100% | 100% | 100% |
| Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time | 80% | 81% | 69% |
| Percentage of emergency patients with a length of stay in the emergency department of less than four hours | 81% | 76% | 65% |
| Number of patients with a length of stay in the emergency department greater than 24 hours | 0 | 0 | 128 |

| Key performance indicator | Target | 2017/18 result |
|---|--|----------------|
| Elective surgery | | |
| Percentage of urgency category 1 elective surgery patients admitted within 30 days | 100% | 100% |
| Percentage of urgency category 1, 2 and 3 elective surgery patients admitted within clinically recommended time | 94% | 98.4% |
| Percentage of patients on the waiting list who have waited longer than clinically recommended time for their respective triage category | 5% or 15% proportional improvement from prior year | 0.8% |
| Number of patients on the elective surgery waiting list ⁵ | 1,184 | 1,203 |
| Number of hospital initiated postponements per 100 scheduled elective surgery admissions | ≤ 8 /100 | 4.2 |
| Number of patients admitted from the elective surgery waiting list | 5,500 | 5,348 |

(5) the target shown is the number of patients on the elective surgery waiting list as at 30 June 2018

| Key performance indicator | Target | 2017/18 result |
|---|--------|----------------|
| Specialist clinics | | |
| Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days | 100% | 74% |
| Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days | 90% | 98% |

Effective financial management

| Key performance indicator | Target | 2017/18 result (30 June actual result) |
|---|---|---|
| Finance | | |
| Operating result (\$m) | 0 | (0.28) |
| Average number of days to paying trade creditors | 60 days | 45 |
| Average number of days to receiving patient fee debtors | 60 days | 22 |
| Public and Private WIES ⁶ activity performance to target | 100% | 98% |
| Adjusted current asset ratio | 0.7 or 3% improvement from health service base target | 0.56 |
| Number of days of available cash | 14 days | 34 days |

(6) WIES is a Weighted Inlier Equivalent Separation

Activity and funding

| Funding type | 2017/18 Activity achievement |
|--|------------------------------|
| Acute Admitted | |
| WIES Public | 39,264 |
| WIES Private | 3,158 |
| WIES DVA | 109 |
| WIES TAC | 5 |
| Acute Non-Admitted | |
| Specialist Clinics | 95,920 |
| Subacute and Non-Acute Admitted | |
| Subacute WIES – Rehabilitation Public | 46 |
| Subacute WIES – GEM Public | 311 |
| Subacute WIES – Palliative Care Public | 299 |
| Subacute WIES – Palliative Care Private | 0 |
| Subacute WIES – DVA | 26 |
| Transition Care – Bed days | 1,913 |
| Transition Care – Home days | 888 |
| Subacute Non-Admitted | |
| Health Independence Program – Public | 13,925 |
| Mental Health and Drug Services | |
| Mental Health Ambulatory | 50,521 |
| Mental Health Inpatient – Available bed days | 17,511 |
| Mental Health Subacute | 9,239 |
| Primary Health | |
| Community Health / Primary Care Programs | 776 |
| Other | |
| Health Workforce | 117.7 |

Information and Communication Technology (ICT) expenditure

The total ICT expenditure incurred during 2017/18 is \$9,360,316 (excluding GST) with the details shown below:

| (\$ million) | | | |
|---|---|-------------------------------------|---------------------------------|
| Business As Usual (BAU) ICT expenditure (excl. GST) for 2017/18 | Non-Business As Usual expenditure (excl. GST) for 2017/18 | Operational expenditure (excl. GST) | Capital expenditure (excl. GST) |
| \$6.436 | \$2.924 | \$0 | \$2.924 |

Consultancies

Details of consultancies (under \$10,000)

In 2017/18, there were no consultancies where the total fees payable to the consultants were less than \$10,000. The total expenditure incurred during 2017/18 in relation to these consultancies is \$Nil (excl. GST).

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

In 2017/18, there were five consultancies where the total fees payable to the consultants were \$10,000 or greater. The total expenditure incurred during 2017/18 in relation to these consultancies is \$377,536 (excl. GST).

| Consultant | Brief summary of project involved | Total project fees approved (excl. GST) | Expenditure for 2017/18 (excl. GST) | Any future expenditure committed to the consultant for the project |
|------------------------|--|---|-------------------------------------|--|
| Maternal Critical Care | Better Care Victoria Obstetric Triage Decision Aid Project | \$31,786 | \$31,786 | \$0 |
| Habitat & More | Catering Tender | \$22,750 | \$22,750 | \$0 |
| DW Bowe & Associates | C2 Ward OHS Assessment | \$22,000 | \$22,000 | \$0 |
| MKM Health | Radiology Information System | \$303,000 | \$272,000 | \$31,000 |
| MKM Health | Electronic Medical Record Selection and Business Case | \$29,000 | \$29,000 | \$0 |

REPORTING PROCEDURES

National Competition Policy

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

Building Act 1993

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

Victorian Industry Participation Policy Act 2003

During 2017/18, no contracts that required disclosure under the Victorian Industry Participation Policy Act 2003 were started or completed.

Protected Disclosure Act 2012

Mercy Hospitals Victoria Ltd is committed to the aims and objectives of the Protected Disclosure Act 2012 (Vic). We do not tolerate improper conduct by employees or officers, nor the taking of detrimental actions or reprisal against those who come forward to disclose such conduct.

Mercy Hospitals Victoria Ltd recognises the value of transparency and accountability in our administrative and management practices, and supports the making of disclosures that reveal corrupt conduct, conduct involving a substantial mismanagement of public resources, or conduct involving a substantial risk to public health or safety or the environment.

Mercy Hospitals Victoria Ltd will take all reasonable steps to protect people who make such disclosures from any detrimental action by way of reprisal for making the disclosure.

Environmental performance

As a Catholic healthcare organisation, Mercy Health continues to bring to life the papal encyclical *Laudato Si'* (On Care for Our Common Home) in our daily practices. The focus of the encyclical this year has been pollution, waste and a throwaway society. As Pope Francis wrote, "Exposure to atmospheric pollutants produces a broad spectrum of health hazards, especially for the poor".

In 2017/18 we have held a number of education sessions for staff at both Werribee Mercy Hospital and Mercy Hospital for Women. Workshops were held with Procurement to ensure our purchasing processes become more environmentally sustainable over time. Surgical theatres at Mercy Hospital for Woman have almost completed a waste production pilot and have reduced waste by approximately five per cent. More importantly, there has been a significant improvement in waste going into the correct streams, such as clinical waste. Werribee Mercy Hospital is in the process of ensuring best food management systems that will reduce food waste. There is a greater awareness of the need to address these environmental issues.

Safe Patient Care Act 2015

Mercy Hospitals Victoria Ltd has no matters to report in relation to its obligations under section 40 of the *Safe Patient Care Act 2015*.

Work health and safety

| Occupational violence statistics | 2017/18 |
|---|---------|
| Workcover accepted claims with an occupational violence cause per 100 FTE | 0.2 |
| Number of accepted Workcover claims with lost time injury with an occupational violence cause per 1,000,000 hours worked. | 0.9 |
| Number of occupational violence incidents reported | 389 |
| Number of occupational violence incidents reported per 100 FTE | 18.2 |
| Percentage of occupational violence incidents resulting in a staff injury, illness or condition | 1.0% |

The following definitions apply:

Occupational violence - any incident where an employee is abused, threatened or assaulted in circumstances arising out of, or in the course of their employment.

Incident – an event or circumstance that could have resulted in, or did result in, harm to an employee. Incidents of all severity rating must be included. Code Grey reporting is not included, however, if an incident occurs during the course of a planned or unplanned Code Grey, the incident must be included.

Accepted Workcover claims – Accepted Workcover claims that were lodged in 2017-18.

Lost time – is defined as greater than one day.

Injury, illness or condition – This includes all reported harm as a result of the incident, regardless of whether the employee required time off work or submitted a claim.

WorkCover

| | 2015/16 | 2016/17 | 2017/18 |
|---------------------------------------|-----------|-----------|----------|
| Incidents per 100 FTE | 27.3 | 26 | 23.5 |
| Lost time standard claims per 100 FTE | 1.2 | 0.2 | 0.2 |
| Average claim cost | \$112,431 | \$106,831 | \$80,966 |

Claims costs have decreased progressively over the past three years. This is mostly due to the following two strategies:

- In July 2016, we improved our approach to return to work. This included reviewing incidents and introducing contemporary return-to-work strategies that support recovering at work and early return to suitable duties without the need for a claim.
- In April 2017, we introduced an injury response service (Cogent) to triage injuries when they occur and provide an early intervention approach to injuries.

Occupational health and safety

Mercy Hospitals Victoria Ltd is committed to protecting the health, safety and welfare of our workers, patients, residents, clients, visitors, contractors and others who may be affected by our operations. To strengthen the safety leadership of supervisors and managers, we developed training with a focus on understanding roles and responsibilities; conducting safety activities such as risk assessments; and helping staff prevent incidents and injuries.

Staff have been provided with a range of learning opportunities. In 2017/18, over 87 per cent of staff completed the Work Health and Safety and Emergency Management training modules.

The occupational violence framework has improved the focus on preventing incidents of verbal and physical assault. Further to this, staff have been provided with training in aggression management with over 86 per cent of staff having completed training over the past 12 months.

An advisory group was formed to oversee manual handling safety. The group has revised risk assessments on activities and communicated new risk control measures to staff through a targeted training program.

We have revised our Work Health and Safety Policy with new information on managing incidents and injuries, as well as revised information for staff on permit to work processes, hazard management, safe use of plant and equipment and asbestos management.

Carers Recognition Act 2012

Mercy Hospitals Victoria Ltd recognises, promotes and values the role of carers. Mercy Hospitals Victoria Ltd takes all practical measures to comply with its obligations under the Act, including:

- promotion of the principles of the Act to people in care relationships who receive our services and to the wider community — for example, support groups and information sessions run by the Mercy Palliative Care Program (the 'Carer's Own Information Sessions' — for example, distributing printed material about the Act at community events or service points; providing links to state government resource materials on our website; providing digital and/or printed information about the Act to our partner organisations)
- ensuring that our staff have an awareness and understanding of the care relationship principles set out in the Act (for example, developing and implementing a staff awareness strategy about the principles in the Act and what they mean for staff; induction and training programs offered by the organisation include discussion of the Act and the statement of principles therein)
- consideration of the carer relationships' principles set out in the Act when setting policies and providing services — for example, availability of flexible working arrangements (per our Workplace Flexibility Policy and Procedure) for employees who are carers, such as reviewing our employment policies including flexible working arrangements and leave provisions to ensure these comply with the statement of principles in the Act; and developing a satisfaction survey for distribution at assessment and review meetings between workers, carers and those receiving care.

Car parking

Mercy Hospitals Victoria Ltd complies with the Department of Health and Human Services hospital circular on car parking fees and details of car parking fees and concession benefits can be viewed at mercyhealth.com.au

Freedom of information

The *Freedom of Information Act 1982 (Vic)* (the Act) allows the public a right of access to documents held by Mercy Hospitals Victoria Ltd. For the 12 months ending 30 June 2018, Mercy Hospitals Victoria Ltd received 535 applications, including 534 made by members of the public and one made by a media organisation.

Of the requests received by Mercy Hospitals Victoria Ltd, access was granted in full for 395 requests and access was granted in part for 39 requests. A total of 101 applications were withdrawn, not proceeded with or had not been finalised at 30 June 2018.

Making a request

Access to documents may be obtained through written request to the Freedom of Information Manager, as detailed in section 17 of the Act. In summary, the requirements for making a request of Mercy Hospitals Victoria Ltd are:

- the application should be made in writing
- the application should identify as clearly as possible which type of document is being requested
- the application should be accompanied by the appropriate application fee (\$28.90 at 30 June 2018).

The fee may be waived in certain circumstances.

Freedom of Information fact sheets and an access request form are available on the Freedom of Information section of the Mercy Health website at mercyhealth.com.au. Requests for documents in possession of Mercy Hospitals Victoria Ltd should be addressed to the relevant facility/service:

Mercy Hospital for Women/Mercy Health O'Connell Family Centre

Freedom of Information Officer

Health Information Services
163 Studley Rd
Heidelberg Vic 3084

Werribee Mercy Hospital

Freedom of Information Officer

Health Information Services
300 Princes Hwy
Werribee Vic 3030

Mercy Mental Health

Freedom of Information Officer

PO Box 2083
Footscray Vic 3011

Mercy Hospitals Victoria Ltd

Freedom of Information Officer

Level 2, 12 Shelley St
Richmond Vic 3121

Access charges may also apply once documents have been processed and a decision on access is made; for example photocopying and search and retrieval charges.

If an applicant is not satisfied with a decision made by Mercy Hospitals Victoria Ltd, they have the right to seek a review, under section 49A of the Act, by the Office of the Victorian Information Commissioner (OVIC) within 28 days of receiving a decision letter.

Further information regarding the operation and scope of Freedom of Information can be obtained from the Act; regulations made under the Act; at ovic.vic.gov.au; and at foi.vic.gov.au.

Additional information

In compliance with the requirements of FRD 22H Standard Disclosures in the Report of Operations, details in respect of the items listed below have been retained by Mercy Hospitals Victoria Ltd and

are available to the relevant Ministers, Members of Parliament and the public on request (subject to the Freedom of Information requirements, if applicable):

- (a) a statement of pecuniary interests of all relevant officers;
- (b) details of shares held by senior officers as nominee or held beneficially or in a statutory authority or subsidiary;
- (c) details of publications produced by Mercy Hospitals Victoria Ltd about the activities of the Health Service and where they can be obtained;
- (d) details of changes in prices, fees, charges, rates and levies charged by the Health Service;
- (e) details of any major external reviews carried out on the Health Service;
- (f) details of major research and development activities undertaken by the Health Service that are not otherwise covered either in the Report of Operations or in a document that contains the financial statements and Report of Operations;
- (g) details of overseas visits undertaken including a summary of the objectives and outcomes of each visit;
- (h) details of major promotional, public relations and marketing activities undertaken by the Health Service to develop community awareness of the Health Service and its services;
- (i) details of assessments and measures undertaken to improve the occupational health and safety of employees;
- (j) general statement on industrial relations within the Health Service and details of time lost through industrial accidents and disputes, which is not otherwise detailed in the Report of Operations;
- (k) a list of major committees sponsored by the Health Service, the purposes of each committee and the extent to which those purposes have been achieved;
- (l) details of all consultancies and contractors including consultants/contractors engaged, services provided, and expenditure committed for each engagement.

YEAR IN REVIEW

National Standards Accreditation

We were delighted in October 2017 with our National Standards Accreditation result whereby all 256 requirements of the National Standards and all 70 requirements of the unmapped Mental Health Standards were met (with no recommendations made). In addition, Mercy Health O'Connell Family Centre underwent Department of Health and Human Services Standards accreditation and was assessed as meeting all four standards (16 criteria).

Our surveyors were greatly impressed by the strong and positive culture that we have at Mercy Health, and by 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.

We are proud of this achievement, which reflects the robust systems and processes we have in place to support the provision of safe and high-quality care. Our culture of continual service improvement means we reflect on what we do and always strive to be better.

As we further develop our services into the future, we will seek to improve our care based on evidence, patient feedback and consumer input. There will always be the opportunity to rethink how and why we do things and, by listening to our patients, we will be guided in the right direction.

Whole Self @ Mercy Health

In November 2017, Mercy Health launched 'Whole Self @ Mercy', a network for staff that supports each person to bring their whole self to work. The network reinforces Mercy Health's commitment to equity and inclusion as it pertains to LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning) employees, enabling each person to be authentic at work. Whole Self @ Mercy Health aligns with our core values of Compassion, Hospitality, Respect, Innovation, Stewardship and Teamwork by promoting wellbeing, making people feel safe and recognising that each individual is unique.

Werribee Mercy Hospital Stage 1C redevelopment

The Stage 1C expansion of the Catherine McAuley Building at Werribee Mercy Hospital is of an exceptional standard and reached practical completion in May 2018. We have been preparing the building for operational commissioning since this time and will accept our first patients in August 2018. The Stage 1C expansion includes:

- six additional operating theatres
- 56 additional inpatient beds
- eight intensive care beds
- a new central sterilising department
- a new modular kitchen and expanded loading dock.



Werribee Mercy Hospital Stage 1C redevelopment

New models of care have been developed to support the way we will care for patients in the new facilities, and there is no doubt that the extra capacity offered by this expansion will markedly improve access to care for people living in Melbourne's western suburbs. The carefully designed clinical spaces will also enhance patient wellbeing.

Staff are excited about the prospect of working in the new spaces. They will have the opportunity to develop their clinical skills as Werribee Mercy Hospital grows and increases its capacity and capability to manage patients who are more acutely unwell, particularly with the introduction of our new intensive care unit.

To support the Stage 1C expansion at the Werribee Mercy Hospital and the extra traffic to the site, a new multi-storey car park was opened in August 2017. Master planning of the Werribee Mercy Hospital site continues to explore options for future development on the site beyond Stage 1C.

Werribee Mercy Hospital — Fellow in Anaesthetics

In February, Werribee Mercy Hospital welcomed two accredited trainees as part of the north-western rotational training scheme of the Australia and New Zealand College of Anaesthetists (ANZCA). Accreditation as a training site by ANZCA is exceptionally important for the development of Werribee Mercy Hospital's medical workforce and for the overall capability of the hospital.

Mercy Mental Health

Demand for our mental health services continues to increase. Expansion of the Clare Moore Building (Stage 2) was completed in late July 2017. This created physical capacity for an additional 25 acute mental health inpatient beds (bringing our total capacity to 54 beds). New capacity within the building has been steadily opened up throughout the year, and a total of 45 beds were open at the end of June 2018. This represents a significant improvement in access for people living in Melbourne's south western region, and allows us to care for people closer to their home. In September 2017, Mercy Mental Health's electronic medical record, MasterCare, went live, delivering marked improvements in information access and care continuity.

L-R: Mercy Health Breastmilk Bank Head of Unit Dr Gillian Opie, Victorian Health Minister Jill Hennessy, Jessica McNeil (baby), breastmilk donor Shauna McNeil, and Mercy Health Chief Executive – Health Services Adjunct Professor Linda Mellors



Mercy Health Breastmilk Bank expansion

Mercy Hospital for Women was delighted to welcome the Honourable Jill Hennessy MP, Minister for Health on 9 November 2017, to officially announce the expansion of the Mercy Health Breastmilk Bank. The expansion will enable donated breastmilk to be collected and distributed at Victoria's other neonatal intensive care units (Royal Women's Hospital, Royal Children's Hospital and Monash Health). We are grateful for the support and collaboration of these hospitals, along with the support of the Department of Health and Human Services and the Victorian Managed Insurance Authority, our insurer, to enable us to expand our services.

Collaborative on perineal tears

In 2017/18, Mercy Hospital for Women and Werribee Mercy Hospital participated in a breakthrough collaborative focussed on improving outcomes for women through reducing avoidable third and fourth-degree tears. This collaborative has been conducted in conjunction with Women's Healthcare Australasia and the New South Wales Clinical Excellence Commission. The collaborative will flow into next year at which time we are expecting to see further reduced rates of third and fourth-degree tears and improved outcomes for women.

Mercy Perinatal

The acclaimed work of Mercy Perinatal and the Maternal Fetal Medicine Unit at Mercy Hospital for Women has continued to attract national and international interest this year. Recognised as a centre for excellence in perinatal care, research and teaching, Mercy Perinatal delivered another highly successful Global Obstetric Update in Melbourne in late 2017. The Update brought together local and international experts on topics related to birth, and aligned with satellite meetings of Australia's leading scientists, clinical trial leaders and maternal fetal medicine clinician researchers. Mercy Perinatal also delivered an inaugural Perinatal Mental Health Symposium in August 2017 and bi-monthly Fetal Medicine at Twilight seminars which are made available to clinicians across Australia via videoconference. Mercy Perinatal's groundbreaking research in the areas of stillbirth, ectopic pregnancy, preeclampsia, fetal growth restriction and maternal mental health continues to make positive headway in finding answers to the most important questions in this field.

Better Care Victoria — Obstetric Triage Decision Aid

Mercy Hospitals Victoria Ltd was extremely fortunate to receive a Better Care Victoria innovation grant last year to implement and validate an obstetric triage decision aid in the Emergency Department and Maternity Assessment Unit at Werribee Mercy Hospital. This builds upon work undertaken at Mercy Hospital for Women where a triage assessment scale was developed and implemented for maternity patients by Emergency Department Nurse Unit Manager Mary McCarthy.

The rollout of the obstetric triage decision aid to Werribee Mercy Hospital has resulted in more timely triage of women, a standardised approach to triage and assessment, reduction in under-triage, and more timely access to care for women. This translates to reduced clinical risk and safer care.

Following on from the success of the project, the obstetric triage decision aid has potential to be rolled out across the Victorian health system. We will work with Better Care Victoria and the sector to understand the challenges associated with obstetric triage and how this tool can help.

Melbourne Academic Centre for Health

Mercy Hospitals Victoria Ltd has continued to participate as a member organisation of the Melbourne Academic Centre for Health. This 'joint venture' brings together the research institutes and teaching hospitals affiliated with the University of Melbourne, and is one of nine Advanced Health Research and Translation Centres designated by the National Health and Medical Research Council. Mercy Hospitals Victoria Ltd is working closely with the Royal Women's Hospital, and Northern and Western hospitals in relation to the women's health theme, seeking to translate research into healthcare delivery that improves outcomes for women.



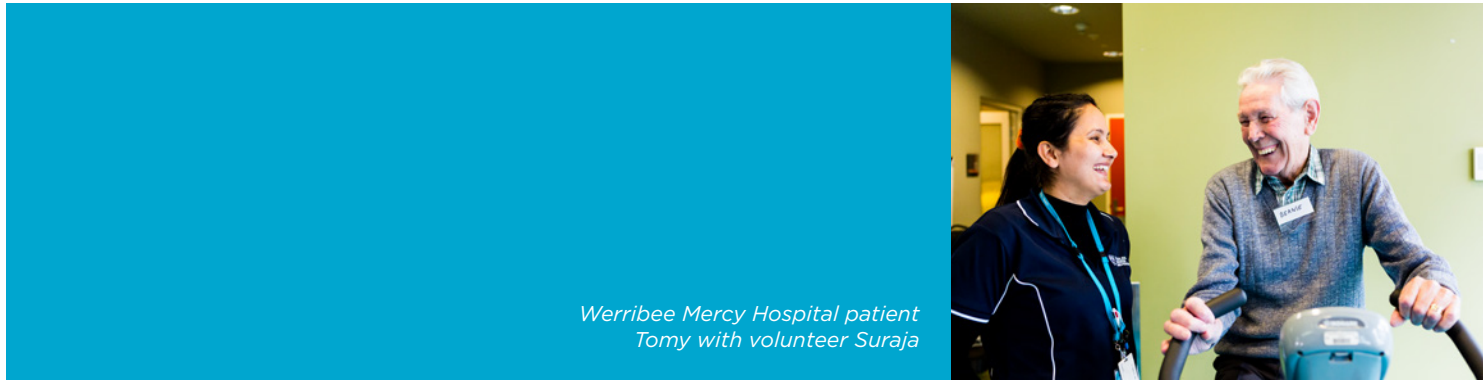
Website redevelopment

In August 2017, the launch of the redeveloped Mercy Health website signalled a new approach to supporting the healthcare journeys of our patients and communities. Designed to support patients to engage more confidently in their care, the website redevelopment drew upon the expertise and practical insights of more than 200 people including consumers and staff. The site exceeds physical accessibility requirements for people using assistive technologies. The site also supports referring and treating clinical staff to advocate for their patients by providing practical tools and information they can share with their patients to empower them and support them to be more engaged in their care.

*Launching the new website — Werribee Mercy Hospital
Director Emergency Services Dr John Pasco*

WORKFORCE

| Hospitals labour category | JUNE current month FTE | | JUNE YTD FTE | |
|---------------------------------|------------------------|--------|--------------|--------|
| | 2017 | 2018 | 2017 | 2018 |
| Nursing | 1177.2 | 1249.8 | 1127.4 | 1198.5 |
| Administration and clerical | 236.7 | 255.9 | 231.1 | 255.7 |
| Medical support | 42.2 | 25.9 | 41.9 | 24.7 |
| Hotel and allied services | 181.9 | 168.7 | 181.9 | 167.6 |
| Medical officers | 25.5 | 29.1 | 24.6 | 26.8 |
| Hospital medical officers | 176.5 | 193.8 | 162.1 | 185.9 |
| Sessional clinicians | 73.6 | 78.8 | 74.0 | 77.5 |
| Ancillary staff (allied health) | 141.0 | 185.2 | 131.8 | 166.8 |



*Werribee Mercy Hospital patient
Tomy with volunteer Suraja*