



Mercy Health

Care first



Quality Account
for our health
services

2018/19
CARE FIRST

CELEBRATING
100 YEARS
of **MERCY HEALTHCARE**

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100
YEARS
of **MERCY**
HEALTHCARE
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IN 2020, MERCY HEALTH
WILL CELEBRATE
100 YEARS OF CARING
FOR VICTORIANS



Mercy Health
Care first



When the Sisters of Mercy first entered the field of healthcare in Victoria it was in the wake of World War I and amid the deadly influenza epidemic of 1919. Spurred by the experience and with a growing Melbourne in need of better health services, the Sisters opened St Benedict's Hospital in Malvern in 1920.

Over the decades that followed, the Sisters built a reputation for pioneering excellence in care and hospitality that continued to grow in strength. The success of St Benedict's, alongside a shortage of hospital beds, particularly for the middle class, led the Sisters to open Mercy Private Hospital in East Melbourne in 1934.

The dream of opening a public maternity hospital was born early on, in 1923. It took decades of planning, persuasion and public campaigning to generate the support and money before Mercy Maternity Hospital (later renamed Mercy Hospital for Women) could finally open its doors in 1971. Werribee Mercy Hospital came next in 1994, setting a small community hospital on a journey of growth. Celebrating 25 years of caring for the

Wyndham community this year, Werribee Mercy Hospital still has its most demanding period of growth immediately ahead with Wyndham now one of the fastest growing regions in Australia.

As society's needs have changed, Mercy Health has risen to the challenge, entering aged care in 1997, mental health care in 1998 and home care services in 2007. Mercy Health now cares for communities across the country, in Victoria, southern New South Wales, northern Queensland, Western Australia and the Australian Capital Territory.

The Mercy Health mission — to bring God's mercy to those in need — continues to be inspired by the courage, vision and determination of the Sisters of Mercy, and all those who have and continue to contribute to our exceptional story of care over the past 100 years.

Join us in celebrating 100 years of Mercy Health care.



Werribee Mercy Hospital doctor, Andres.

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WELCOME

We take great pleasure in presenting *Care first: Quality Account 2018/19*. This report highlights the work done this year to improve our safe, high-quality and inclusive care.

Today, more than ever, providing the best care possible is essential. Our communities are growing in size and diversity, and it is

important that we work with our communities to ensure every person Mercy Health supports — from patients, residents and clients

to their families and carers, and our staff — feels well cared for, safe and respected.



There have been many achievements throughout the year and, within this Quality Account, we hope to share with you a snapshot of some of the things we have done, together with our communities, to offer the very best care possible. In 2018/19, we:

- submitted a draft Accessibility Action Plan to the Department of Health and Human Services (DHHS) through which we express our commitment to continually improve our services and facilities so that we can deliver accessible and inclusive healthcare to all of our patients, clients, families, carers and staff
- participated in a project with Safer Care Victoria to improve the identification and care of patients presenting to the Werribee Mercy Hospital Emergency Department with suspected sepsis
- sought feedback and then innovated to provide person-centred care so that women hospitalised with high-risk pregnancies are no longer sharing a room with a mum and her newborn, as it can often be hard to see healthy newborns while they are anxious about their own pregnancies

- continued to engage with our communities through initiatives such as 'Healthy Happy Beginnings', a community-based program supporting Karen women from Burma throughout pregnancy, and our annual Community Advisory Gathering, where Consumer Advisors from around Australia have the opportunity to get together, support each other, share their experiences and also spend time with the Health Services Leadership Team
- are participating in the Safer Baby Collaborative coordinated by Safer Care Victoria, with the aim of reducing the number of avoidable stillbirths by 30 per cent by providing information about risk factors such as reduced baby movements, smoking and maternal sleep position
- launched Hospital Outreach Post-suicidal Engagement (HOPE), a new initiative funded by DHHS; the initiative aims to provide support to people in the community following a suicide attempt or suicidal thoughts.

We sincerely hope you enjoy reading the *Care first: Quality Account 2018/19*. As we approach 100 years of Mercy Health, we

celebrate the inspiring legacy of the Founder of the Sisters of Mercy Catherine McAuley. She was compassionate, visionary and determined to care for those most in need. It is an honour and a privilege to continue her work.

We welcome your feedback on this year's report

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

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

- involved patients and clients from the very beginning of the report planning period, which has helped shape the content and tone of the report
- produced a shorter, more accessible report
- maintained similar layout and presentation following positive feedback.

(L-R) Interim Chief Executive – Health Services Clare Grieveson, Group Chief Executive Officer Adjunct Professor Stephen Cornelissen, Acting Executive Director Quality, Safety & Innovation Katherine Burton.

About Mercy Health

Our health services include Mercy Hospitals Victoria Ltd, Mercy Hospitals NSW Ltd and Mercy Health Service Albury. These entities form part of a national organisation known as Mercy Health, a Catholic organisation founded by the Sisters of Mercy. Mercy Health is a not-for-profit provider of acute and subacute hospital care, aged care, mental health programs, specialist women's healthcare, early parenting services, palliative care, home and community care, and training and development for our 10,000 staff.



Linette and baby Marcella at Mercy Hospital for Women.

OUR COMMUNITY

WHO WE ARE

Mercy Health cares for people who come from different countries, speak an array of languages and follow many different faiths and traditions. We are committed to meeting the needs of our diverse communities.

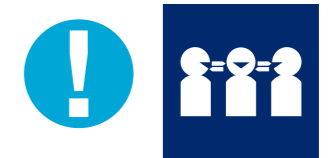
Our interpreting services

This year, we developed a new Language Services Policy to help guide staff and further improve patient access to interpreting services across the organisation. We are currently developing a brochure to inform patients, clients, families and carers on what this policy means for them.

The demand for interpreting services in our hospitals continues to grow, as does the range of languages that our patients speak. This is particularly evident at Werribee Mercy Hospital, where we provided 17 per cent more interpreting services than last year.

In 2018/19 across both Mercy Hospital for Women and Werribee Mercy Hospital, 77 per cent of patients who needed an interpreter received one.

These results are encouraging, however we have identified some areas that require improvement. Strategies we are undertaking to address these include cross-cultural communication training for staff and workshops on interacting effectively with people who access our services.



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

Arabic / عربي

عندما ترى رمز المترجم يمكنك طلب المساعدة للتواصل بلغتك.

Karen / ကညီကျိာ်

နမ့ထံၣ်ပုၤကျိာ်ထံၣ်ဆတံၢ်နီၣ်န့ၣ် နယုတံၢ်မၤစၢၤလၢကတိၢ်တံၢ်လၢနကျိာ်သ့လီၤ.

Mandarin / 普通话

如果看到传译员的标记，您就可用母语请求他们协助沟通。

Persian / فارسی

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

Top 10 languages requiring an interpreter

Mercy Hospital for Women	Werribee Mercy Hospital
1 Mandarin	1 Mandarin
2 Arabic	2 Karen
3 Greek	3 Arabic
4 Vietnamese	4 Vietnamese
5 Persian	5 Punjabi
6 Italian	6 Italian
7 Cantonese	7 Hindi
8 Macedonian	8 Burmese
9 Turkish	9 Greek
10 Somali	10 Dinka

It is particularly special because Wemi was nominated by Somali women who have had their babies at Mercy Hospital for Women and experienced Wemi's support during their care at the hospital.

- Effective communication is a major focus. This includes:
 - providing staff training on health literacy and cross-cultural communication
 - producing plain English information in partnership with patients, clients, families and carers
 - developing translated materials in key languages
 - engaging with the broader sector.

- The team also contributed to the development of Safer Care Victoria's Partnering in Health Care Framework that was launched in April 2019. We have developed an action plan that will support our staff to partner with patients, clients, families and carers to deliver safe, quality care.

Some of the highlights this year include:

- 'Healthy Happy Beginnings' program continues to provide group pregnancy care for Karen women from Burma who are accessing maternity care at Werribee Mercy Hospital. The program was co-designed with the Karen community and is delivered in partnership with the Wyndham City Council Maternal and Child Health Services and VicSEG New Futures. The Murdoch Children's Research

Institute supports facilitation and is coordinating an evaluation. To date, informal feedback from the women has been very positive.

- African Liaison Worker Wemi Oyekanmi received a Community Recognition Award from Himilo Community Connect, a Somali community organisation based in Heidelberg West, for her contribution to the Somali Australian community. The award was presented by Department of Health and Human Services Secretary Kym Peake.

Cultural diversity in our services

Our patients



Our staff



Wemi Oyekanmi (right) receiving her Community Recognition Award from Department of Health and Human Services Secretary Kym Peake.

YOUR EXPERIENCE MATTERS

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

Mercy Hospitals Victoria Ltd receives quarterly reports on our VHES performance. This allows us to monitor our performance over time and to compare ourselves with our peers and the state average. We share our VHES results with staff, the Executive, the Board and Community Advisory Groups.

Improving communication

Our 2018/19 VHES results told us that you wanted to see improvement in communication about wait times in our Emergency Department (ED) and Outpatient Clinics.

To provide you with better information while you are in the waiting area of the Werribee Mercy Hospital (WMH) ED, we installed screens displaying approximate waiting times. These are updated every 10 minutes and provide information about what to expect while in the ED.

As a result, we have seen a 15 per cent improvement in the survey question relating to overall experience of care between the second and third quarter of this year. We will continue to work to make even more improvements.

In our Outpatient Clinics at Mercy Hospital for Women (MHW), if you are a patient on the waiting list you are now contacted at regular intervals. If required, the waiting list is updated or appointments are fast-tracked to reflect your changed needs. Our VHES survey results showed 87 per cent of our patients reported that they felt treated with dignity and respect, an improvement from 83 per cent the previous year.

Positive discharge experiences

This year, WMH worked with Safer Care Victoria on a project called Patient Flow Partnership.

The aim of the project was to make our discharge process better by improving the planning and preparation for discharge through the use of journey boards and a 'countdown to discharge'. We developed ways to estimate discharge dates and engage patients and their families or carers in preparing for discharge. We now have a patient discharge checklist, which the patient completes and uses to engage with their treating team about preparation for their discharge from hospital. Since introducing these changes, we have seen a steady improvement in our VHES measure of discharge called the Transition Index. This has increased from 68 per cent in quarter one to 77 per cent in quarter two and 79 per cent in quarter three. The target set by the Department of Health and Human Services is 75 per cent.



Werribee Mercy Hospital Special Care Nursery midwives, Jenny (L) and Claire (R) with mum Danielle with baby Flynn.

Since we made our improvements, the patient experience of discharge is tracking at **79 per cent**, up from **68 per cent**, meeting our target of **75 per cent**.

ACCESSIBILITY ACTION PLAN

Mercy Health is committed to continually improving our services and facilities so that we can deliver accessible and inclusive healthcare to all of our patients, clients, families, carers and staff.

Mercy Health has chosen to call our new 'disability action plan' an Accessibility Action Plan. It outlines how we plan to identify and remove barriers for people with a disability through employment opportunities, an inclusive and accessible physical environment and the care we provide for patients, residents and clients. It is designed to promote equality for people with a disability.

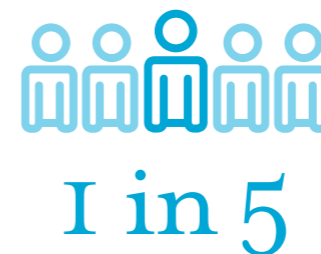
Mercy Health will consult with patients, clients, residents, families and carers with a disability through our community advisory groups and other stakeholder engagement processes.

These processes will be accessible to people with a disability. We will partner with disability employment service organisations to attract candidates with a disability, and our employee engagement surveys will be used to measure the engagement of staff who have a disability.

Mercy Health submitted a draft Accessibility Action Plan to the Department of Health and Human Services. We are now in the process of seeking feedback and endorsement of the plan from a variety of stakeholders across the organisation. A final version is due by 31 December 2019.

We will measure ongoing progress against the plan through Mercy Health's Equity and Inclusion Committee, chaired by Group Chief Executive Officer Adjunct Professor Stephen Cornelissen. The committee meets quarterly and is responsible for developing and overseeing our organisation's equity and inclusion activities and strategies. These include initiatives designed to improve disability awareness and inclusion, gender equality and cultural responsiveness.

Did you know?



Australians has some form of disability*



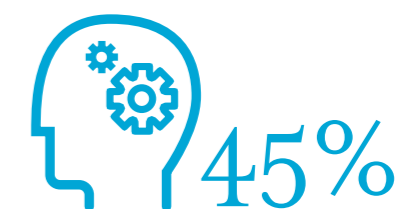
Australians of working age have a disability*



Australians with disability are in the workforce



are looking for work*



of Australians aged 16-85 years experience a mental health condition during their lifetime**

* Australian Bureau of Statistics - Survey of Disability, Ageing and Carers 2015

** Australian Bureau of Statistics (ABS) 2008, 4326.0 - National Survey of Mental Health and Wellbeing: Summary of results 2007

COMMUNITY ADVISOR GATHERING

Consumer Advisors play a key role in improving quality and safety. The annual Community Advisory Gathering is an opportunity for advisors to get together, support each other and share their experiences.



Back Row (L-R) Marg Knight (VOCCAL), Akash Deep, Richard Parkinson (CAC and NSW CAG), Finty Setiawan (CAC), Maryan Bryant (CAC and NSW CAG), Carol Hare (VOCCAL) Paul Grimo (VOCCAL).

Front Row (L-R) Kate Doherty (CAC), Sue Pitchford (MHW CAG), Jane Power (MHW CAG), Kristy Barnes-Cullen (MHW CAG), Patricia Tot (VOCCAL), Gordon Simpson (Consumer Register).

Consumer Advisors are people who have either had direct or indirect experience of Mercy Health's care or services, or they are part of our local communities and want to make a difference to our Health Services, Residential Aged Care or Home Care Services.

A range of Consumer Advisors attended this year's gathering, from interstate and rural and regional areas. The Health Services Leadership Team provided information to support them in their roles, for example about plans, events and activities within Mercy Health.

There were two panel discussions. The first panel was made up of four Consumer Advisors discussing their role and involvement with our health services. They talked about what advice they would give to people considering joining a committee or joining the Consumer Register. The second panel was made up of three Consumer Advisors and three Mercy Health staff members. They discussed the best way to maximise the benefits of having advisors on projects and committees. One key recommendation was that Consumer Advisors should be involved from the beginning.

In 2019, Mercy Health is aiming to recruit more Consumer Advisors. The focus of the next annual Community Advisory Gathering will be to further equip our Consumer Advisors with the skills they need to effectively partner with us to improve patient care.

"The gathering was invaluable, not just because it reinforced the value Mercy Health places on consultation with us, but also because it provided an opportunity to meet and share experiences with other Consumer Advisors who are involved in the different services provided by Mercy Health."

- Kate

"What stayed in my mind was the presentation on assertive communication. Hearing about the types and ways to communicate to get your message across makes a difference to what you want to achieve. The gathering was very interactive, reflective and enjoyable."

- Patricia

Interested in becoming a Consumer Advisor?

We welcome people of all ages from diverse backgrounds, cultures and faiths, gender and sexual identities, Aboriginal and Torres Strait Islander communities and people with a variety of experiences.

You can be involved in a number of ways. These include being a part of the Community Advisory Committee (CAC), Community Advisory Group (CAG), Voices of Consumer and Carer Advisory Link (VOCCAL), National Standards committees, Care First Rounds, Patient Information Committee or being on our Consumer Register to participate in ad hoc focus groups, surveys or other feedback.

For more information, visit our website mercyhealth.com.au/our-structure/consumer-engagement/ or contact our Consumer Participation and Experience team via getinvolved@mercy.com.au or **03 8416 7872**.



Werribee Mercy Hospital staff.

QUALITY AND SAFETY

FEEDBACK AND COMPLAINTS

It is important for Mercy Health to understand how people think and feel about our services. Patient and community experiences, feedback and suggestions help us to continue to respond appropriately and improve our care.

If you have concerns while you are in hospital or receiving care, a face-to-face conversation with staff is often the quickest and most effective way to have your concerns resolved. You can also speak to the person in charge of the ward or department, or fill out a feedback form at the location or online at mercyhealth.com.au

Part of our commitment to providing quality healthcare is to respond to complaints and suggestions. We do this via a formal feedback management system and the use of the Victorian Health Incident Management System (VHIMS). VHIMS enables us to record and report feedback to our

Executive and senior managers. We investigate complaints and take necessary action to address the concerns and improve our care. The final part of the process is to communicate the outcome with you.



Werribee Mercy Hospital nurse, Lee-Anne.

IF YOU ARE WORRIED

Our escalation of care process — ‘REACH out to us’ — is designed to enable patients, families and carers to raise concerns if they notice deterioration in their condition or that of their loved ones.

‘REACH out to us’, commonly known as the REACH system, has been in place across Mercy Health – Health Services since early 2015. It is based on the program originally established by the NSW Clinical Excellence Commission.

The REACH system is available to all patients, clients, families and carers as a means to escalate their concerns. The basis of REACH is that patients, clients, family members and carers, know themselves or their loved ones best, and a concern to them is a concern to us.

The REACH system focuses on local resolution to any concerns first. If a concern is not addressed and resolved at this local level, the Hospital Coordinator, who is the most senior nurse or midwife, is called in for further review.

During this assessment, any worrying concerns will be addressed by the Hospital

Coordinator who escalates care as required by either calling the treating medical team to review and address the concern or activating the hospital’s Emergency Response Systems. This means activating the Medical Emergency Team (MET) Call process, or Code Blue process, to escalate care should a patient have a deterioration that needs rapid assessment and treatment.

If clinical deterioration is ruled out, other methods to address concerns will be escalated to the appropriate people.

Our Deteriorating Patient Committee will continue to evaluate the REACH system, and will partner with patients, clients, families, carers and health care professionals to make improvements as required. The Committee is made up of doctors, nurses, midwives and Consumer Advisors. Its role is to ensure that strategies for the care of a patient with a deterioration

are in place and they are evaluated. These include:

- implementing systems for recording patient vital signs that incorporate triggers to escalate care when deterioration occurs
- establishing and maintaining procedures to escalate care and call for emergency assistance where there are concerns that a patient’s condition is deteriorating
- using the system in place to ensure that specialised and timely care is available to patients whose condition is deteriorating
- having staff that are able to respond appropriately when a patient’s condition is deteriorating
- ensuring patients, clients, families and carers are engaged in decision making
- ensuring there are appropriate mechanisms and processes in place for advance care planning.

IF THINGS GO WRONG

ercy Health – Health Services has a process in place to ensure staff respond appropriately when an incident occurs. Incidents undergo a review so we continue providing the best quality care and services.



Werribee Mercy Hospital nurses (L-R) Prue and Nicole.

In 2018/19 we completed reviews on 118 Incident Severity Rating 2 and 41 Incident Severity Rating 1 incidents, including five sentinel events. All incidents were reviewed in line with the Department of Health and Human Services sentinel event requirements and reported to the Incident Response Team within Safer Care Victoria.

As a result of the reviews conducted on serious adverse events, we reviewed processes and procedures in line with best practice. Some of the changes implemented include staff education and capacity building, as well as technology improvements, such as cardiac monitoring and updated computer software.

We are committed to providing the best care possible, but hospitals are complex environments and sometimes incidents occur that result in harm to a patient. These are known as sentinel events: unexpected events that result in death or serious harm to a patient while in the care of a health service.

Other serious incidents are categorised as Incident Severity Rating 1 or Incident Severity Rating 2. Incident Severity Rating describes the actual severity of an incident and is based on three things - the degree of impact (or harm), the level of care required and the treatment required.



Mercy Hospital for Women staff (L-R) McKenzie and Jessie.

ACCREDITATION

All Australian health services are surveyed under the National Safety and Quality Health Service Standards. The eight standards measure quality of care in key safety areas for patients. Mercy Health – Health Services achieved excellent results with full compliance to the standards in 2013 and 2017. We will be surveyed again in 2020 by the Australian Council on Healthcare Standards.

In addition, Mercy Health O’Connell Family Centre (OFC) must also meet the Department of Health and Human Services Standards. These are service quality standards for department funded service providers and department-managed services. OFC successfully underwent accreditation against these standards in 2017 and will undergo a review again in late 2019.

CONTROLLING INFECTIONS

Staphylococcus aureus bacteraemia (SAB) healthcare-associated infections and central line-associated blood stream infections (CLABSI) are required to be reported for all health services.

Staphylococcus Aureus Bacteraemia (SAB) is the most common healthcare-associated blood stream infection.

The SAB rate in 2018/19 was 0.4 per 10,000 bed days for Mercy Hospital for Women and 0.6 for Werribee Mercy Hospital. Both are below the target of 0.7 per 10,000 bed days. A bed day is a day during which a person is confined to a bed and in which the patient stays overnight in a hospital.

Central Line Blood Stream Infections (CLABSI) can occur when a central line is inserted. A central line is a tube inserted into a large vein for the purposes of administering fluids or nutrition and monitoring vital signs such as blood pressure.

The rate of CLABSI in the Intensive Care Unit at Werribee Mercy Hospital is 0 per 1,000 central line-days, which is better than the state average.

Mercy Hospital Women also reports CLABSI rates for some of the smallest and most unwell babies in our Neonatal Intensive Care Unit (NICU). These rates are reported based on the babies' weights. Babies that weigh less than 750g have a higher rate than the state average, at 3.6 per 1000 central line-days. CLABSI rates for all other babies are better than the state average at 0 per 1000 central line-days. The Infection Prevention team is working on improving infection rates in our NICU by reviewing hand hygiene and using practices and procedures to prevent contamination.



Mercy Hospital for Women midwife Liana with patient Laura.

LIFE-SAVING SEPSIS CARE

Improving the care of patients presenting to the Emergency Department with suspected sepsis.

Werribee Mercy Hospital (WMH) Emergency Department (ED) participated in a project with Safer Care Victoria to improve the identification and care of patients presenting to the ED with suspected sepsis.

Sepsis is a life-threatening condition. Diagnosis and early treatment are both essential to provide better patient outcomes and reduce the risk of death.

Led by WMH ED Emergency Physician Anh Tran and Associate Nurse Unit Manager Marg Daly, the aims of the project were to:

- improve early identification of sepsis
- reduce delays to treatment
- promote early effective treatment (especially intravenous (IV) antibiotics and fluids) and escalation of care

- increase clinicians' understanding of the critical importance of early treatment of sepsis
- improve patient outcomes.

The project team reviewed the current process for the care of patients with potential sepsis which identified a number of barriers. As a result, changes were made to improve patient care. These include implementing:

- a triage tool, to help reduce the time it takes to diagnose sepsis
- a locally adapted sepsis pathway, which helps guide the effective and timely care of patients based on the latest evidence
- online training package for staff to improve their understanding of sepsis and current approach to effectively caring for patients who may have sepsis.

These changes have resulted in improvements in the identification and early treatment of patients with sepsis. After the project, 80 per cent of patients with suspected sepsis received IV antibiotics within one hour compared to 22 per cent before the project. This a great outcome for patient care and for the treatment of sepsis.



Werribee Mercy Hospital Emergency Department Physician, Anh.

PROTECTING AGAINST THE FLU

The Mercy Hospitals Victoria Ltd healthcare worker influenza (flu) vaccination campaign ran from April through to August 2019 for each health service, emergency department, intensive care unit and neonatal intensive care unit.

The Department of Health and Human Services (DHHS) target for the percentage of healthcare workers immunised for influenza is 80 per cent. The goal of our campaign for staff was to achieve an uptake greater than the target set by DHHS. Healthcare worker vaccination compliance rates are also reported to the Victoria Hospital Acquired Infection Surveillance System (VICNISS).

Overall our goal was achieved, with 88 per cent of Mercy Hospitals Victoria Ltd (MHVL) staff immunised. This includes Mercy Hospital for Women, Werribee Mercy Hospital and Mercy Health O'Connell Family Centre.

The influenza campaign included scheduled vaccination sessions and mobile vaccination sessions through all departments. Mobile sessions are where we take the flu vaccines to the wards and vaccinate staff as they work. Vaccinations were made available to out-of-hours staff in the Emergency Department and operating rooms.

Compliance rate progress reports were provided to executives, program directors and department managers throughout the campaign and they were encouraged to follow up with any staff whose vaccinations were outstanding.

In the areas where there was a higher than anticipated number of people who declined the vaccination during this year's influenza campaign, MHVL will be surveying staff to find out why this may have occurred, so that this can be addressed ahead of next year's flu season.

MENTAL HEALTH

Mercy Mental Health is committed to providing safe and respectful care. We continue to make improvements to the way we care, using data and feedback from patients, clients, families and carers.



Mercy Mental Health Forensic Clinical Specialist and Consumer Liaison Officer, Daniel.



Mercy Health staff member Andrew receiving his flu vaccination.

Mercy Mental Health (MMH) supports people with severe and complex mental illnesses. We aim to work together with patients, clients, families and carers to support the recovery of the person experiencing mental illness, in the least restrictive environment.

Seclusion of a person

The seclusion of a person is defined by the Mental Health Act 2014 (MHA 2014), and is when they are confined to a room or an enclosed space. This is sometimes necessary in circumstances when the health and safety of the person or others are at risk.

MMH closely monitors the rate of seclusion relating to an adult inpatient admission. In 2018/19, our seclusion rate was 12/1,000, which was better than the target of <15/1,000.

Restrictive interventions

Similarly, restrictive interventions are at times necessary to maintain the safety of patients, clients, families, carers and staff. Reducing, and ultimately eliminating, such practices is taken very seriously by MMH.

In 2018/19 there were 119 mechanical restraint episodes involving 83 adults admitted

to a MMH adult inpatient unit. This occurred at a rate of 2.29 episodes per week. The MHA 2014 defines mechanical restraint as the use of devices (including belts, harnesses, manacles and straps) in order to restrict a person's ability to move around.

During the same period there were 185 physical restraint episodes involving 112 adults admitted to a MMH adult inpatient unit. This occurred at a rate of 3.5 episodes per week. The MHA 2014 defines physical restraint as 'hands-on' action taken to prevent a person from moving around and to protect them from harming themselves or others.

Some of the steps we have taken to actively reduce the number and duration of restrictive interventions include:

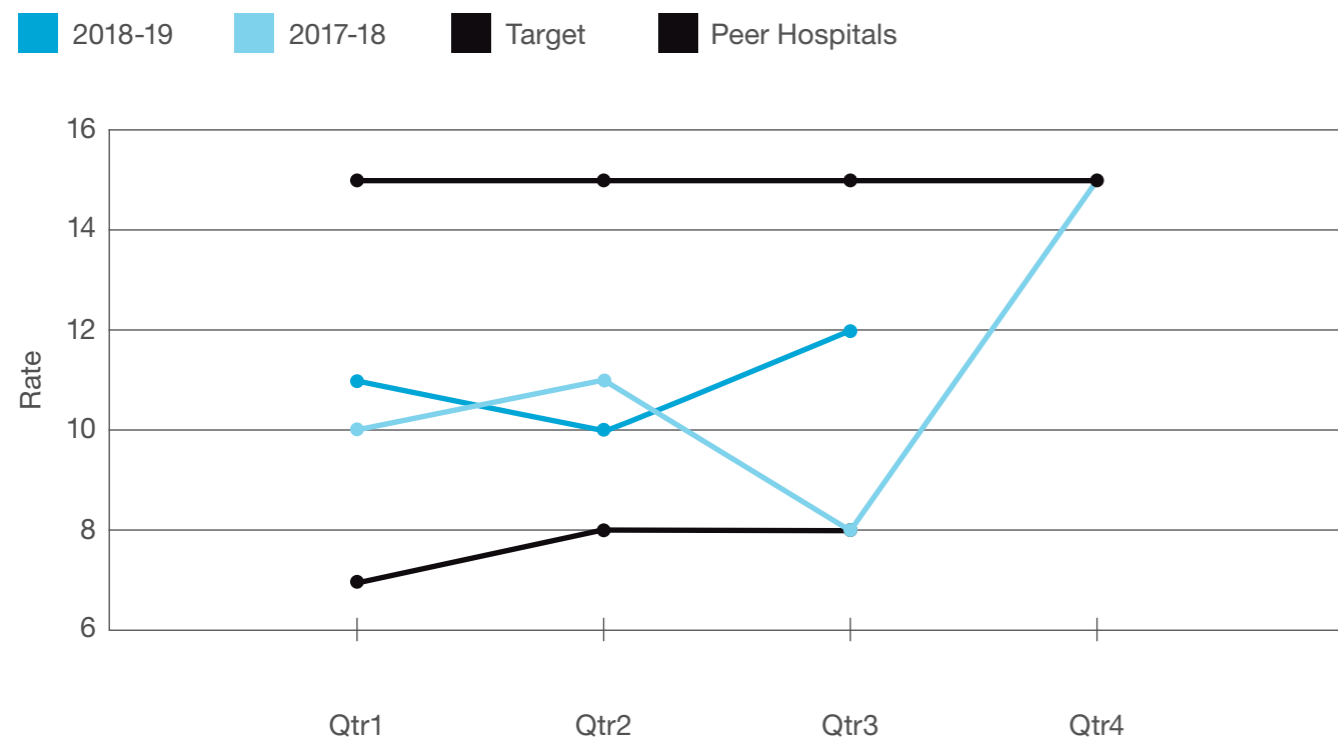
- the MMH Reducing Restrictive Interventions Committee is tracking patterns of restrictive interventions across the service and identifying initiatives to reduce these
- targeted education in the form of annual Prevention of Violence and Aggression Training (PIVAT) to ensure that if restrictive practices are used they are used safely

- using Safewards principles within MMH inpatient units to decrease potential flashpoints that may arise during admission. Introduced by the Office of the Chief Mental Health Nurse, the Safewards model and associated interventions have been highly effective in reducing conflict; there has also been an increased sense of safety and mutual support for staff and people admitted to acute mental health units; staff are provided with training in these principles, and a dedicated Safewards committee will commence with the newly recruited MMH Inpatient Units Clinical Nurse Consultant

- reporting to the monthly MMH Acute Quality Safety and Risk meeting, and discussion of incidents within the MMH Morbidity and Mortality Committee for investigation when required
- encouraging and supporting people who access our mental health services to complete an advance statement and upholding these treatment preferences in line with the requirements of the MHA 2014; an advance statement is written by a person saying what their treatment preferences are in case they become unwell and need compulsory mental health treatment.

Mercy Mental Health

Rate of occasions of seclusion for all adult mental health patients per 1,000 bed days.



Current year	12	Peer (Metro)	8
Last year	8	Statewide target	15

Data Source: CMI/ODS

You said, we did

You said	We did
There are not enough dedicated group therapy sessions at the inpatient units	We employed a senior occupational therapist to facilitate the group program across both adult inpatient units. Group nurses are appointed to cover all days of the week.
Slow call return times for people contacting triage services	A comprehensive data analysis was conducted resulting in increased triage staff numbers on the two nights with the longest call return delays.
Communication about treatment and care plans is unclear	Care plans are reviewed every time there is a change in care to ensure people who access our mental health services have a current copy of their plan. New templates have been devised, with all staff attending recovery plans or primary nurse training to improve the use of the plan.
People feeling as though they were not adequately involved in their treatment and care planning	We recommenced bedside handovers in inpatient units, with Nurse Unit Managers monitoring that these were occurring.
Lack of a clear night care plan, or communication of the night care plan, was creating issues and distress for mothers at the Mother Baby Unit.	Handover sheets were updated with the addition of night care plans to ensure these were clear for both mothers and staff.

Listening to Ellie

Ellie, 32, was admitted to the acute adult inpatient unit for treatment of her mental illness. During her admission, she described both positive and negative experiences. Ellie was concerned that she was initially admitted to the Intensive Care Area (ICA) of the ward. She described feeling scared and unsure about this environment and that she did not receive

enough information from the staff about how the ICA runs.

One of Ellie's major concerns was receiving inconsistent information from staff members about policies such as the use of mobile phones. The right to communicate is fundamental, but some complexity arises in regard to what people are legally able to do when they have recorded information on a device such as a mobile phone, and

then share that information. MMH is consequently working towards developing clear guidelines, with brochures and posters, to provide information for patients and visitors. Staff have been reminded about the importance of daily mutual help meetings at each of the inpatient units, as this is a safe opportunity for everyone to discuss their questions and concerns and share important information.



Dialectical Behaviour Therapy

MMH commenced a pilot of a Dialectical Behaviour Therapy (DBT) informed group program. This program is for adult clients with complex presentations characterised by difficulty regulating emotions. This can include mood disturbance, impulsivity and self-harm or destructive behaviours. The program teaches distress tolerance and emotional regulation skills. Evaluation is showing promising early results. It will be offered again after implementing the learnings, which include an information session for carers of those attending and more assertive pre-engagement with case managers.



HOPE

Hospital Outreach Post-suicidal Engagement (HOPE) is a new initiative funded by the Department of Health and Human Services (DHHS) for a two-year period. This initiative is designed to target people in the community, following a suicide attempt or suicidal thoughts, who do not meet the threshold for specialist clinical mental health services. There are specific referral inclusion and exclusion criteria. The psychosocial, strengths-based service model provides people with up to three months of support.



MMH Access and Flow

MMH commenced phase one of the MMH Access and Flow project. This seeks to improve our systems so that people who need our services can access us when they need to, and can also leave the service easily when they need to. It also aims to reduce unnecessary wait times in the Emergency Departments. Phase one will end in February 2020.



Psychiatrists Training Program

Development of a Royal Australia New Zealand College of Psychiatrists training program at MMH. The service has been accredited as a training site for Fellowship of the Royal Australia New Zealand College of Psychiatrists. A Director of Training has been appointed and the training program will commence in August 2019 with two trainees. This will increase to three trainees in February 2020.

VICTORIAN PERINATAL SERVICES PERFORMANCE INDICATORS

With over 10,000 babies birthed each year, including some of the highest risk pregnancies in Victoria, we continue to strive to provide exceptional care.

Mercy Hospitals Victoria Ltd (MHVL) uses the Victorian Perinatal Services Performance Indicators 2017/18 report to help improve our care of mothers and babies.

Full term babies (without congenital abnormality) who are considered in poor condition after birth

Most babies, born at 37 weeks or later, with a birth weight of at least 2,500g and without a congenital anomaly are not expected to require additional care following birth. The need for additional care and treatment should be low. Higher rates may indicate quality of care issues during labour and birth or suboptimal identification and/or management of complications during pregnancy.

In 2017/18 the state average for this indicator was 8.7 per cent. At Werribee Mercy Hospital (WMH) the average was 8.1 per cent and at Mercy Hospital for Women (MHW) the average was 7.5 per cent. These results compare well with peer hospitals.

MHVL reviews all adverse events and identifies areas for clinical practice or system improvements. These include:

- audits of all births, with special attention paid to babies with low Apgar scores (five things used to check a baby's health at birth: appearance, pulse, grimace, activity and respiration) or abnormal blood test results

- monthly Perinatal Morbidity and Mortality meetings to review all births with poor outcomes
- a strong focus on registrar and resident teaching about identification of babies at risk and appropriate management during labour

- close, daily involvement of the consultant on the labour ward.

In 2018/19, MHVL participated in and achieved Victorian Managed Insurance Authority (VMIA) Incentivising Better Patient Safety targets. The target is for 80 per cent of all staff who work in birth suites to be competent and confident in fetal surveillance during labour and in neonatal resuscitation.





Severe fetal growth restriction (FGR)

Sometimes babies do not grow as well as expected during pregnancy. The smallest babies (described as having fetal growth restriction) are more likely to be sick at birth or die before birth.

Doctors and midwives monitor a baby's growth during pregnancy. If the baby is not growing well they should consider the safest time to deliver the baby. If the baby is severely growth restricted, it will be delivered before the due date.

This indicator shows the number of severely growth-restricted singleton babies who were born at or after 40 weeks' gestation. The rates should be low. In 2017/18 the statewide average was 28.1 per cent of singleton babies born at 40 or more weeks' gestation.

WMH rates for FGR improved from 35.8 per cent during 2016/17 to 26.3 per cent in 2017/18.

MHW rates for FGR improved from 33.6 per cent in 2016/17 to 26.7 per cent in 2017/18.

FGR rates are monitored by:

- weekly auditing of all births with special attention paid to babies with FGR and how they were managed. This includes reviewing and commending cases where the FGR was detected and managed appropriately
- monthly Perinatal Morbidity and Mortality meetings to review all births with poor outcomes, including missed severe FGR
- a strong focus on Registrar and Resident teaching about identification of babies at risk

and appropriate timing and management of labour

- a strong consultant involvement in antenatal clinic
- ready availability of growth scanning for those at risk of FGR and for those where FGR is suspected.

MHVL is participating in the Safer Baby Collaborative coordinated by Safer Care Victoria. This collaborative aims to reduce the rate of avoidable stillbirth by 30 per cent. To do this, staff will provide women with information about risk factors such as reduced baby movements, smoking and maternal sleep position so that they can be understood and managed. Additionally, every time a pregnant women has a check up, she will be monitored for FGR.

(L-R) Mahmut, Sinem and Alara with baby Dilhan at Mercy Hospital for Women.

LOOKING AFTER MUMS AND BABIES

To make their stay more comfortable and to help to reduce stress, Mercy Hospital for Women’s antenatal inpatients no longer share a ward with postnatal patients.

Mercy Hospital for Women (MHW) has changed the way care is provided on the maternity wards. The change came about after several antenatal patients – many of whom have high-risk pregnancies – provided feedback about their experiences in sharing rooms and spaces with new mothers and their newborns. A survey of a larger group of antenatal patients about their hospital experience gave the Nurse Unit Managers real insight into their experiences and confirmed that changes were required.

“In 2018, we surveyed a number of our antenatal patients and received some really good feedback,”

Nurse Unit Manager Jessie Liu says. “Until then, the whole of level five was a mix of antenatal and postnatal patients, so women who were hospitalised with a high-risk pregnancy could have been sharing a room with a mum and her newborn. For some women, it can be really hard to see healthy newborns while they are anxious about their own pregnancies.

“Once we saw the results of the survey, we knew we wanted to do something to reduce that stress so we made some changes.”

Now, MHW’s antenatal patients are admitted to Ward 5B, while postnatal patients are allocated

beds in Wards 5A and 5C. It is a small change but a significant one.

“The response has been great,” Jessie says. “Not only do our antenatal patients no longer have the stress of sharing a space with women whose pregnancies have been uncomplicated, but they are able to socialise with other women who are in a similar situation. The ward is also quieter, which allows them to have better quality rest. For many of these women and their unborn babies, rest is often vital for a healthy outcome.”



Mercy Hospital for Women nurse, Siobhan with patient Nicole.

PEOPLE MATTER SURVEY

Mercy Health – Health Services compares favourably with other health services according to results from a key benchmarked health services staff survey, which has also helped to identify areas for improvement.

In January 2019 Mercy Health – Health Services launched the ‘You said, we did’ campaign following the 2018 People Matter Survey for staff. This campaign highlighted the benefits of participating in the People Matter Survey.

During May 2019, 1,454 staff from our health services participated in our anonymous People Matter Survey. In terms of satisfaction, we performed better than other health services but results are mixed compared with our 2018 results. On employee engagement, our Health Services’ results have shown a small decline since 2018 but are still broadly on par with other health services.

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

- 78 per cent agreed that patient care errors are handled well in their work area (down from 79 per cent in 2018)
- 63 per cent agreed that this health service does a good job of training new and existing staff (down from 64 per cent)
- 84 per cent agreed that they are encouraged by their colleagues to report any patient safety concerns they may have (down from 85 per cent)
- 71 per cent agreed that the culture in their work area makes it easy to learn from the errors of

- others (up from 70 per cent)
- 66 per cent agreed that trainees in their discipline are adequately supervised (up from 65 per cent)
- 74 per cent agreed that their suggestions about patient safety would be acted upon if they expressed them to their manager (down from 79 per cent)
- 70 per cent agreed that management is driving them to be a safety-centred organisation (down from 79 per cent)
- 72 per cent agreed that they would recommend a friend or relative to be treated as a patient here (down from 77 per cent).

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



Werribee Mercy Hospital staff (L-R) Shuqin, Kim and James.



*Mercy Hospital for Women
Administration Assistant, Frances.*

Several action plans were implemented in response to the 2018 People Matter Survey results, including the development of new staff training on bullying and harassment. This resulted in more positive results in the 2019 People Matter Survey, with the question about bullying decreasing by two per cent and the question about harassment decreasing by three per cent.

Other improvements included the introduction of a new learning hub for staff and implementation of various staff communications forums.

Action plans will similarly be developed in response to the 2019 People Matter Survey results in collaboration with programs and departments.

The response rate from our 2019 People Matter Survey was 49 per cent, which is significantly better than the average of 42 per cent for other health services.

A NEW WARD AT WERRIBEE MERCY HOSPITAL

When the new Medical Ward at Werribee Mercy Hospital was established in August 2018, Mercy Hospitals Victoria Ltd prioritised team-building activities to support the development of a cohesive and skilled workforce.

Led by Nurse Unit Manager Leigh McDougall, the management team worked together to identify local strategies that would encourage collaboration within the employee group including:

- opportunities to connect socially
- monthly unit lunches celebrating employees' cultural backgrounds
- daily ward rounds to support information flow, skill development and collaboration
- revising the way the unit encourages and responds to feedback from patients
- rostering transparency.

Implementing these strategies had positive results, including strong participation rates in performance development reviews and lower-than-average rates for both staff sick leave and patient complaints.

Nurse Unit Manager Leigh McDougall said, "I am proud to lead a great group of individuals from all disciplines."

These activities will be reviewed and updated using the feedback from the 2019 People Matter Survey.

The 37 staff on this ward represent 10 different countries of origin including Australia, India (14 per cent) and Philippines (11 per cent). Most of the staff work part-time, represent a range of age groups and have worked with Mercy Hospitals Victoria Ltd for an average of 4.8 years.

Members of the team on Level 4 Medical Ward at Werribee Mercy Hospital enjoying some social time together.



CELEBRATING
100 YEARS
of **MERCY HEALTHCARE**
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Cover images (L–R): Werribee Mercy Hospital nurse Joanne; Mercy Hospital for Women midwife Courtney with father Mahmut and baby Dilhan; Werribee Mercy Hospital surgical team. This page: Mercy Hospital for Women NICU patient baby Anthony (R) with twin sister Charlotte.



Mercy Health

Care first

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